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## Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

#### ASTHENIC PNEUMONIA OF AN ENTIRE LUNG, IN AN ADVANCED STAGE, WITH A LARGE CAVITY IN THE APEX RESULTING FROM THE BREAKING UP OF THE PULMONARY TISSUE.

Under the care of JAMES RUSSELL, M.D.

(T. H. BARTLEET, Esq., *Clinical Clerk.*)

P. L., aged 34, single, a shoemaker, was admitted April 15th, 1859. He died the same night. The following particulars were obtained from a fellow-lodger, as the deceased had no near relations living in Birmingham.

He had been ill ten weeks, but up to that time had been quite strong and well. His habits were temperate. He got up one morning, and went to church without taking any breakfast, but at a short distance from home was taken with vomiting, and was compelled to return. He had not suffered from exposure to cold or wet. The sickness continued severely for eight days, and then became less constant; the matter vomited was of a greenish colour, but, about three weeks after the commencement of his illness, he vomited blood, of a dark black colour. He suffered at night severely from cough, and the coughing was often followed by "vomiting of blood;" he expectorated a good deal of phlegm, of a rust colour. He had no pain in his chest. He had not vomited blood for six weeks, but had continued to expectorate, the sputa being nearly free from blood.

For a long time he had been losing flesh, and had not eaten well since his illness began, though he had taken a little meat occasionally. Excepting the first and last week, he had kept his bed throughout his illness; during the last three days he had been much worse, in consequence of a fall, which shook him considerably.

SECTIO CADAVERIS thirty hours after death. The body was in a state of extreme emaciation. *Thorax.* The heart was small and contracted; a clot of colourless fibrine existed in the right ventricle, from which a prolongation extended for a short distance along the pulmonary artery. A scanty recent coagulum was found in the left ventricle. *Lungs.* Old pleuritic adhesions were present on both sides, those on the left side being the firmest. The left lung was of very large size, as if in a state of complete distension; it was perfectly solid throughout; the upper lobe sank heavily in water; the lower, which crepitated slightly at the base and edges, just floated. The whole upper portion of the superior lobe was occupied by a single large cavity, resembling a tubercular vomica, with bands of indurated pulmonary tissue remaining attached to its walls. It was entirely empty, but had been opened in separating the lung from the ribs. The remaining portion of the lobe was extremely friable, breaking up under slight pressure; its section presented an intermixture of grey and purple colours, in varying proportions, and the surface of the section had a minutely granular aspect, as though scattered over with very fine sand. The inferior lobe was much firmer, of a uniform grey colour, and on pressure exuded a plentiful fluid, having the aspect of very diluted pus. The larger bronchial tubes were pale; the smaller ones were occupied by plugs of firm white matter, like fibrine, which in some instances extended into the large tubes. The branches of the pulmonary artery were nearly free from clots. The right lung was healthy throughout, excepting that its apex was puckered, and contained a small cretaceous mass, by the side of which was a small cavity capable of containing half a horse-bean. *Abdomen.* The stomach was healthy. The mucous membrane of the intestines was healthy, nor was there a trace of disease in any of the follicles. The coats of the lower part of the small intestines were greatly attenuated. The mesenteric glands were healthy. The other viscera were healthy.

REMARKS. The cavity in this case resulted no doubt from the breaking up of the pulmonary tissue; the period at which its formation commenced, appears to be indicated in the history of the patient, by the occurrence of what was called vomiting of blood, and of bloody expectoration after the fits of coughing. It is not improbable that the lower lobe of the lung was attacked with inflammation at a late period in his illness, as it was stated that he caught cold three weeks before his death, in going to his medical man, and that on his arrival at home he fainted, and was afterwards attacked with shivering. The cavity had not the usual characters of an abscess, but whether it had contained pus, we had no means of knowing. Although the lower lobe presented the usual characters of grey hepatisation, the upper lobe was entirely free from any infiltration of purulent fluid.

### CHORLTON UNION HOSPITAL.

#### PROCIDENTIA UTERI FROM LACERATED PERINÆUM, CURED BY MR. I. B. BROWN'S OPERATION.

By GEORGE GREAVES, Esq., Surgeon to the Union Hospital.

MARY ANN RIDINGS, aged 40, a widow, who had borne six children, came into the hospital in September 1858. She complained of general debility, and of a bearing-down of the womb. On examination, I found complete procidentia uteri. A tumour larger than the fist protruded from the vulva. At its lowest part was the os uteri, and the everted mucous lining of the vagina which covered it was dry, and in places appeared cracked, and inclined to scale off. The uterus was easily reduced, but again came down on making the slightest exertion.

She told me that she had been subject to this unpleasant complaint since the birth of her last child, about twelve months before. She was at the time living in the country, and could obtain no assistance during her labour, excepting that of a female neighbour. She believed herself to have been much torn. On examining the perinæum, I found distinct evidence of a rent, extending from the free margin of the perinæum to the verge of the anus. When the thighs were in contact, there appeared to be a groove or trench in the situation of the raphe, bounded on each side by the loose and somewhat irregular edges of the torn integument. At the bottom of the groove was a strip of mucous membrane continuous with that of the vagina. The rent, as I have said, extended to, but not into, the sphincter ani. The woman was somewhat emaciated, and had a good deal of nervous debility.

The treatment for the first two or three weeks was purely tonic, with attention to the bowels. She was kept in bed, in order, by perfect rest of the uterus and its appendages, to allow them, if possible, to recover their natural tone. At the end of that time, the mucous lining of the vagina had returned to its natural condition, but there was no other improvement. On coughing, or straining, and still more on attempting to rise from bed, the uterus descended, pushing before it the posterior wall of the vagina, which appeared first at the outlet.

An attempt was next made to keep the uterus in its place by using a pessary; but, as I expected, it totally failed in preventing the displacement. I therefore resolved to treat the patient in the mode recommended by Mr. Baker Brown; and my friend Mr. Lund, surgeon to the Manchester Royal Infirmary, having seen the case, I had the satisfaction of finding my opinion as to the necessity of the operation confirmed by his.

It was done on November 3rd, 1858, with the assistance of Mr. Lund, and of Mr. Westmacott, resident medical officer. The bowels having been well emptied by medicine given on

the previous day, and by an enema on the morning of the operation, the woman was placed on a table in the position for lithotomy, and put under the influence of chloroform. The upper part of the vagina was then stuffed with cotton wool, to prevent any descent of the uterus or of the vaginal walls during the operation. A horse-shoe shaped portion of integument, rather more than an inch in length and in width, was next marked out with a sharp-pointed bistoury, and dissected away. The denuded surface extended quite to the verge of the anus, and encroached so far on the sulcus as to remove the whole of its newly formed mucous lining. The quilled suture was then applied with silver wire at three points, exactly in the mode prescribed by Mr. Brown. The silver wires entered and emerged from the skin at the distance of nearly an inch from the edges of the wound. The cut edges of integument were then brought together by three ordinary interrupted sutures made with twine; and as this could be done without the slightest strain on the surrounding integument, I did not think it necessary to divide the sphincter ani. The cotton wool was then removed from the vagina, a full sized elastic male catheter was introduced into the bladder, the woman was placed in bed on her left side, and the catheter was secured to the left thigh, and closed with a plug, which the nurse was ordered to remove from time to time. Two grains of opium were given at once, and one grain ordered to be given every four hours. Liquid nourishment only was ordered to be taken, with a little port wine.

During the first three days after the operation, the condition of the patient was in all respects satisfactory.

On November 7th (the fourth day), the lips of the wound appeared somewhat swollen and inflamed, and there was some redness and tumefaction on the left side around the orifices made by the deep suture. The silver wires were therefore on this day removed, and from the orifice nearest the pubes on the left side about two drachms of very fœtid and dark coloured pus escaped, proving that the course of that wire had become a sinuous abscess. There was no similar discharge from the other orifices.

November 10th. The superficial sutures were found still to keep the edges of the skin together; but between each suture there was a little tendency in the wound to gape, and, in the raw surfaces thus exposed, the circulation appeared to be languid. The deeper portion of the wound appeared to be firmly united. The bowels had not acted since the operation. She was ordered to discontinue the opium pills, to have a gentle enema, and to have also a mutton chop daily, and a little more wine; a solution of sulphate of zinc to be applied to the wound. The bowels were effectually relaxed by the enema, and continued to act regularly, with very little aid from medicines.

November 13th. The orifices of the deep suture had almost ceased to discharge pus, and some of them had cicatrised. The edges of the wound showed more activity. The left labium was somewhat swollen and inflamed, and there were pain and tenderness extending along the course of the round ligament, as far as the lowest part of the abdomen on the left side. She had also had a well marked rigor. The superficial sutures were removed, and the inflamed parts ordered to be fomented. The quantity of wine was also diminished. The removal of the superficial sutures did not cause any gaping of the wound, which, in the course of the three or four following days, became firmly united. The inflammatory symptoms, on the left side of the pudendum, at the same time subsided. The retention of the catheter in the bladder had before this been discontinued, and, from the end of the first fortnight, the patient was allowed to evacuate the bladder without instrumental assistance. The diet was improved, and she was put under a course of medicine calculated to unload the vessels of the uterus, and to remove any tendency to congestion resulting from the long continued displacement of the organ. At the end of a month, she was allowed to leave her bed and walk about; and she shortly afterwards left the hospital, perfectly cured of an infirmity which had unfitted her for any kind of exertion, and made life almost a burthen.

Four months after the operation, I had an opportunity of examining her, and found that there had been no return of prolapse, even in a slight degree, of either the uterus or the vaginal walls.

Remarks. The result of this case appears strongly to support the opinion, which has been controverted, that procidentia uteri, directly ensuing on laceration of the perinæum, may be radically cured by the restoration of the natural support to the pelvic viscera, by the method now so successfully followed by Mr. Baker Brown. The operation is a beautiful instance of reparative surgery; and in bringing it to such perfection, and so fully making known all its minutiæ, Mr. Brown has added greatly to his other claims on the gratitude of his professional brethren, and of society at large.

## WESTMINSTER HOSPITAL.

### WOUND OF THE FEMORAL ARTERY AND VEIN.

Under the care of C. Holthouse, Esq.

R. W., aged 25, a fine looking, well made man, by trade a carpenter, was admitted into the Westminster Hospital, under the care of Mr. Holthouse, on January 27th, 1859, with a wound of the right femoral artery and vein as they pass through Hunter's canal.

The history of the case is rather curious. On January 15th—that is, twelve days before the patient's admission—he was shaving a piece of wood, which he held between his knees, with a sharp chisel about an inch wide, when the tool slipped, and penetrated the inner side of his right thigh to a considerable depth. Free hæmorrhage from the wound, to the amount of three pints, the friends say, immediately followed; and the blood came away in a jet which was projected to several inches. It was stopped by pressure, and the man kept his bed the whole of that day; but the surgeon who had been sent for at the time of the accident ordered him to get up and walk about the following day, which he did, going himself to see his "doctor", and walking sometimes as much as a mile. Immediately after the hæmorrhage which followed the infliction of the wound had ceased, a hard swelling formed around the wound, which pulsated so distinctly that it could be seen through the bedclothes. His medical attendant attributed the swelling to "proud flesh", and ordered it to be poulticed and rubbed with sweet oil. Although the man suffered severe pain in the wound, and could get little sleep in consequence, there was no recurrence of bleeding till eleven days after the accident, when a full stream of arterial blood burst from the wound while he was washing himself. This was repressed, as before, by tight bandaging over and above the wound; and he went to bed, and kept quiet for the rest of the day. The following morning, about eight o'clock, the hæmorrhage broke out afresh, and was again stopped by tightening the bandages, which had not been removed from the limb.

Immediately after this, he was brought to the hospital, being exceedingly pale and weak from loss of blood; his pulse 150; skin cool. A large pulsating tumour was situated about the middle and on the inner side of the right thigh, and the whole limb was greatly œdematous, from the pressure which had been made by the bandage to restrain the bleeding. A tourniquet having been placed round the upper part of the thigh, the bandages were removed, in order to examine the swelling. In the centre of this there was a small wound, from which a little venous blood trickled; and, while the patient was being questioned as to its history, a sudden gush of arterial blood took place, which indicated by its size that it came from the femoral artery. The tourniquet was immediately tightened, and preparations were made for securing the wounded vessel.

Operation. This took place at 11.30 A.M., the patient being under the influence of chloroform. Mr. Holthouse commenced the operation by enlarging the original opening upwards and downwards to the extent of four or five inches. This exposed the sac of the false aneurism, which was filled with coagulated blood; and, when this was turned out, a large wound was discovered in the femoral artery, which lay at a great depth from the surface, on account of the œdematous state of the limb, induced by long continued pressure. The arterial stream which issued from the wounded artery when the tourniquet was loosened, was accompanied by a very large venous one, which prevented the operation from being proceeded with till a ligature had been applied tightly below the knee: this effectually commanded the hæmorrhage from the vein; and a ligature was then passed around the artery below the wound, and another above it, which completely stopped all further bleeding from that vessel. A small artery on the side of the wound was then secured; and the wound itself was stuffed with pieces of sponge, in order to keep up pressure on the vein which had bled so freely. The edges of the incision were then brought together by strips of plaister, which completely encircled the limb; and a flannel roller was applied over them from the foot to above the wound; and a hot-water bottle to the foot, which, with the whole limb, had been quite cold from the time of the

patient's admission, in consequence of the pressure to which it had been subjected.

A small quantity of brandy and water was administered upon the completion of the operation, and shortly afterwards the following draught:—

℞ Tincturæ opii ♏xxv; ætheris chlorici ♏xv; aquæ ʒiss.

8 P.M. Reaction had taken place in the limb; and the foot was now warmer than the left. The skin was hot; pulse 156.

January 28th. He had had no unfavourable symptoms; pulse 120. The right foot was still the warmer.

℞ Tincturæ ferri sesquichloridi ♏x; aquæ ʒi. M. Fiat haustus ter die sumendus.

January 29th. He vomited this morning, after taking the iron; but, in other respects, he was doing well. Pulse 106.

January 30th. The wound was dressed this morning. It looked healthy; there was a free secretion of laudable pus. The sponges were removed, and the edges of the wound were brought together by long pieces of the water-strapping pretty tightly applied, the flannel bandage being replaced as before.

February 1st. The wound was looking very healthy. The ligature which was placed on the small artery came away. He was ordered to have some fowl for his dinner.

February 3rd. The lower of the two ligatures placed around the femoral artery came away this morning; that above was still firm. The wound was looking as healthy as could be.

February 5th. The ligature on the proximal end of the artery came away to-day (tenth day). The wound continued to look perfectly healthy; the man was gaining strength and colour, and ate two chops, and took a pint of porter daily.

February 9th. Both feet were of equal temperature; but some œdema of the limb still remained below the wound. The flannel bandage was still applied from the toes to the groin. He complained of some numbness of the foot.

February 20th. The wound was almost healed. Some numbness of the foot still remained, and he complained of occasional pain going up to the groin; but in other respects he seemed perfectly well. He was walking about this day for the first time.

February 25th. He was discharged at his own request, looking and feeling quite well; but he had a small sore on his right heel, caused by pressure while lying in bed.

Remarks. The above case is of very great interest, from the great difficulties which it presented in the way of conservative treatment, and the success which attended a bold and judicious effort to preserve the limb. The case is further of the greatest importance, as being an example, and one almost free from doubt, of a wound implicating both the main vessels, but in which gangrene was not present, and in which the circulation was carried on probably through the wounded vein, the opening being defended by the pressure of a bandage.

The only possible source of doubt which occurs to us is, that it is just within the bounds of possibility that the large venous stream which gushed out from close beside the wound in the artery might have proceeded from a large vein divided close to its entrance into the femoral; but this is highly improbable, since the vein does not usually receive any such branch in Hunter's canal; and the appearance and situation of exit of the stream of blood led Mr. Holthouse to the confident conclusion that the vessel implicated was really the trunk of the vein.

# Original Communications.

## ON THE CAUSES OF PULMONARY CONSUMPTION.

By James Turnbull, M.D., Physician to the Liverpool Royal Infirmary.

It is a most difficult matter to appreciate rightly the influence of the various causes which are known to have an effect in the production of tubercular disease of the lungs. In various systematic treatises they are fully set forth, but as the different causes act in combination with each other, it is by no means easy to discover how much of the injurious influence of any single cause is due to itself separately. The inquiry is, however, a most important one, as it has a direct practical bearing on the prevention and treatment of the disease. In carrying it out with a view to these practical objects, I shall confine myself as much as possible to the investigation of those causes, the influence of which can be appreciated with some degree of exactness, and proved by reference to statistical facts, such as those recently brought to light by Dr. Greenhow's Papers (*Parliamentary Papers relating to the Sanitary State of the People of England*, 1858), and the Report of the Army Commissioners.

*Hereditary Transmission.* This is an important predisposing cause of the disease, which is constantly forcing itself on the attention of those engaged in the treatment of pulmonary disease. When we consider how few persons there are who have any exact knowledge of the causes of death of even their near relatives, and that many are willing to conceal, even from themselves, the existence of any hereditary taint, it is not surprising we should find that those who have investigated this subject, numerically, have made statements, as to the influence of hereditary transmission, which are widely different. It would appear to have been transmitted in about 24¼ per cent. of the cases admitted at the Brompton Hospital for Consumption; and out of 1,000, analysed by Dr. Cotton, the influence of hereditary taint was proved in rather more than one third. I have observed that the liability to tubercular disease is transmitted in two distinct modes, which may sometimes be observed separately, but are much more frequently seen acting together. One of these is the transmission of the constitutional tendency to the disease, which, if manifested in infancy or childhood, does not show itself so often in the lungs, but in tubercular affections of the brain or its membranes, or tubercular deposits in the glands or the bones, or in scrofulous ulcerations, and affections of the eyes, etc. Along with the constitutional tendency, there is often combined the other mode of transmission, which is a local weakness; a weakness, for example, of the lungs, which in early life, in those free from the constitutional taint, may give a liability to bronchial, and other simple affections of the lungs; but which, if combined with the tubercular taint, is apt, at a later period, to produce the development of consumption, if the individual be exposed to the exciting causes.

It has been stated that the father most frequently transmits the disease to the sons, and the mother to the daughters; but I believe that when one parent only is tainted, the disease is transmitted, in very nearly an equal ratio, to both sexes of the offspring. The liability to the disease is of course immensely increased when it is derived from both parents—a fact so well known to Insurance Companies, that most of them reject such lives, even though there may be every appearance of health in the individual. When a parent is actually affected with tubercular disease of the lungs, the tendency to the disease must necessarily be greatly increased in the offspring, and tubercles sometimes exist at birth even, when the mother is consumptive. I have had many opportunities of observing how it has fared with infants born of tubercular mothers; and, where the disease has been in an active condition, I can scarcely recall an instance in which they have not been cut off within the first two years. Though they have often had an appearance of health, it has seldom been retained long, and they have frequently died from convulsive attacks within a few months after birth, or during dentition.

*Sex.* It would seem that females are more liable to consumption than males. The number of women that died of this disease in England and Wales, was 26,986 in 1849; and the number of men 23,312. The proportion of men, however, who die of other pulmonary diseases is greater than that of females, and it would seem that whilst men are more liable to acute pulmonary diseases, women are more subject to chronic tubercular affections. That this greater liability does not arise simply from difference of sex, but from the habits, occupations, and more sedentary life of females, is proved by the fact that in many districts and towns, the relative proportions is reversed, the male death-rates, from pulmonary diseases, exceeding the female. In many instances, too, we shall see that the cause of this may be traced to the fact of the women being employed in some branch of manufacture, the prejudicial influence of which may thus be very correctly estimated.

In London, the male death-rate from pulmonary diseases is 758; the female being only 593; and it can also be shown that consumption is more common amongst the men than the women. At the Brompton Hospital the proportion of male patients is 61 per cent., to over 38 per cent. of females. There is the same preponderance of consumption in the male population of most of the large towns where the females are not engaged in some kind of manufacture which has a disturbing influence. On the other hand, there are many towns and districts where the females are largely engaged in such manufactures as silk, lace, cotton, and straw plait, in which we find the female pulmonary death-rate much higher than the male rate, and it can be shown that, in almost every instance, such

increase is due to consumption, proving that in-door occupations have an injurious influence. Above thirteen per cent. of the females in Cheshire are engaged in the silk and cotton manufactures; and the female death-rate exceeds the male in the proportion of 593 to 558. In the towns of Leek and Macclesfield, where the silk manufacture is carried on, it greatly exceeds the male death-rate. In Leicester and Nottingham, where a large proportion of the female population is employed in manufactories, the female mortality from pulmonary diseases exceeds the male; in the former, in the proportion of 549 to 488, and in the latter, in the proportion of 542 to 435.

There are also some small country towns where many of the females are engaged in such sedentary occupations as lace making, in which a manifest increase is thus produced in the mortality from pulmonary diseases amongst the females. Towcester is one of these, in which the male pulmonary death-rate is 475; whilst the female is no less than 573. Here we have not only a reversal of what is common throughout England and Wales, but it has also been ascertained that the excess of pulmonary diseases in the females occurs in adult life, and that it is produced by consumption.

Dr. Greenhow has found that in purely agricultural districts the female is higher than the male pulmonary death-rate, and he has also found, from comparing eight of the most healthy districts with eight of the most unhealthy, that in the healthy ones the female mortality is one-eighth more than the male, the reverse being the case in the unhealthy ones. From the first of these facts we may infer that in agricultural districts the men are employed in healthful out-door occupations, whereas there is something injurious in the habits of the women, or in the dwellings; and from the second fact shewing that the insalubrious influences act most on the men in the unhealthy districts, we must infer that these influences are connected with their employments and habits, and do not arise exclusively from unwholesomeness of the dwellings.

*Town Influences.* It has been ascertained by Mr. Neison that the agricultural labourer is the longest lived of all classes of the community. He is not the best fed, clothed, or housed, but the one condition in which he differs from all other classes is the amount and variety of exercise he takes in the open air. On the other hand, it is a well ascertained fact that the duration of life is curtailed by residence in towns, and it now appears, also, that there is no class of diseases in which a more decided increase is produced by town influences, than those of the lungs; amongst which consumption stands preeminent. In fact the relation between the pulmonary death-rate and the amount of consumption is so close that we may take the pulmonary death-rate as a sufficiently accurate means of judging of the prevalence of consumption. Glendale, in Northumberland, is the healthiest country district in England, and it is also the one in which there is the smallest number of deaths from pulmonary diseases. The number is 216 per 100,000, annually, and the comparison between this and the number in London, which is 675, gives us a vivid idea of the effect of town influences, which are even more powerful in the towns of Manchester, Liverpool, and Bristol, the rates of which are still higher.

Dr. Greenhow has made a comparison between eight urban districts, where the greatest number of persons die annually of pulmonary diseases; and the eight rural districts where the numbers are smallest; and the difference, which furnishes an accurate and comprehensive means of judging of the pernicious effects of town influences, is thus seen to be very great. The rate of the urban, or unhealthy districts, embracing Liverpool, West Derby, Manchester, Salford, Chorlton, Birmingham, Blackburn, and Leeds, is 811; whilst for the rural, embracing Bootle, Builth, Easington, Garstang, Glendale, Haltwhistle, Houghton-le-Spring, and Romney Marsh, it was 322. We see here that pulmonary diseases are no less than two and a half times more numerous in the unhealthy town districts than in the healthy rural ones. The rate for all England and Wales standing between these two rates at 552.

The effect of town influences though always apparent is by no means uniform. This is at once seen in comparing the death-rates of Bristol and Hull. Though the total deaths in Hull, from all causes, exceed those in Bristol,—and these two seaports are not materially different in respect to size and density of population—we find that there is a wide difference in the amount of pulmonary disease, which in Bristol, the healthiest town in other respects, is at the rate of 851, and in Hull only 556. This proves that there is no fixed relation between the size of towns and the prevalence of pulmonary disease, or between the general and the pulmonary death-rates. It has also been shewn by a comparison between the pulmonary death-rates, and the density of the population of these towns, and those of Gravesend and Ipswich, that there is an absence of definite relation between the population density and the pulmonary death-rate. Whilst, therefore, town influences, which must embrace impurity of the atmosphere from smoke, the unhealthy emanations always existing in crowded localities, imperfect ventilation of houses and factories, and the more sedentary occupations of an urban population, are injurious, there are other circumstances affecting the inhabitants of some towns besides these, which require further and more minute investigation.

To the influences already mentioned, may be added the effect produced by the absence of the physical and mental stimulus afforded by variety of scene, and especially by rural prospects, the weariness caused by the monotonous character of many occupations; and not least, the cares and anxieties of life; all of which are causes which, it has been justly observed, help to swell the catalogue of illness and add to the register of deaths in great cities.

*Occupation.* Those occupations which call for much exercise in the open air are the most healthy; whilst, on the other hand, we have seen from some of the preceding facts, that in-door occupations have a direct and obvious tendency to cause consumption.

The relative influence of in-door and out-door employments on this disease, may be still further shown by reference to the statistics of the Brompton Hospital for Consumption; 63 per cent. of the male patients admitted followed in-door employments; only 30 per cent. out-door occupations; and the remainder mixed employments. All the females were engaged in in-door employments. Dr. Cotton has calculated, from his own experience, that consumption is five times as frequent in those engaged in in-door work as in those employed in active out-door pursuits.

Those employments are most injurious which have an effect in restraining the function of respiration, by preventing the free action of the muscles of the chest, and hence one reason of the prevalence of the disease to so great an extent among tailors, shoemakers, printers, milliners, and clerks.

Dr. Greenhow has furnished some statistical data which assists us in estimating the effects of certain kinds of manufacturing occupations. He states that the pulmonary death-rate is usually excessive in towns where both males and females are largely employed in the manufacture of textile fabrics; but that the difference in mortality of the sexes is rarely great.

The pulmonary death-rate is high in all the large cotton manufacturing towns; and that factory labour tends to generate consumption is conclusively shown by the fact that though the pulmonary mortality of Manchester is lower than that of Liverpool for the whole period of life; it is, during adult life, greater in Manchester, in both the sexes, than in Liverpool.

The effect of the silk manufacture in producing a high rate of female pulmonary mortality in Leek and Macclesfield, and of the lace and other kinds of manufacture in raising the female above the male death-rates in Nottingham, Leicester, and other places, has been already adverted to.

The influence of the woollen manufacture on those engaged in this kind of occupation requires more particular notice, as it would seem to be not only less injurious than others, but to produce, through the action of the oil used in many of the processes, a positively beneficial effect upon the health, and which, it has been affirmed, is prophylactic against scrofula and consumption. Dr. Greenhow states that with the single exception of Leeds, where other kinds of manufacture of a more or less pernicious nature are carried on, the mortality in the districts of the woollen manufacture is rather below what prevails in the cotton and silk districts. In Bradford, which is a woollen district, the pulmonary death-rate is 607; whilst in Preston, an exclusively cotton district, it is 722. It is, however, in the woollen factories of Scotland that the prophylactic effect of this kind of employment has been more particularly observed, and to Dr. Simpson is due the credit of making known this fact, and tracing the cause to the beneficial operation of the oil used in some of the processes.

Dr. Simpson has collected the concurrent testimony of many medical men, practising in the woollen districts of Scotland, on this subject, and I condense, from his paper, the remarks of Dr. Dyce.

With reference to the extreme rarity of consumption among the wool-mill girls, this is a fact with which all here have long been familiar, so much so that seldom or ever is a consumptive

tendency met with among the wool-mill girls. Any one accustomed to see the women of the cotton and wool mills, can generally tell, from their appearance, to which mill they belong. The cotton-mill girls are generally, though healthy looking, pale, and bleached; whereas the wool girls are rosy and fat. He also states that it has been customary, when any young girls have been noticed whose looks indicated delicacy, to recommend them to change the mill, and that a remarkable effect has often been noticed from a few weeks' work in the wool mill; from the pale, pasty look, they have become healthy and plump. Dr. Simpson states that the great difference and peculiarity in woollen as compared with cotton mills, consists in the fact, that while the hours, the occupation, etc., are much the same in each, in the woollen mills a very large quantity of oil is used, and the bodies of the workers are brought, in various ways, freely in contact with it. It is, I believe, in this one item that the great difference between cotton working and wool working consists; and it is to this material, the oil, as freely used in some of the processes of the wool factories, that the operatives themselves, universally, and, as I believe, properly, attribute the salutary nature of their occupation. He has also pointed out that the degree of exemption among the operatives is by no means equal in all the processes of the manufacture, but is regulated by the more or less oily nature of the department of work in which they are engaged.

[*To be continued.*]

# Gulstonian Lectures
ON
# FEVER AND INFLAMMATION.

DELIVERED BEFORE THE
ROYAL COLLEGE OF PHYSICIANS, LONDON,
1859.

By WILLIAM ADDISON, M.D., F.R.S., Fellow of the College.

## LECTURE I (*concluded*).

### VI.—THE CORPUSCLES OF BLOOD, IN THE PERFORMANCE OF THEIR NATURAL FUNCTIONS, CONTAIN AND EXCRETE MATTER WHICH IS POISONOUS TO THE BRAIN.

Blood is distributed by arteries; it returns by the veins. There is a great difference between arterial and venous blood. This difference is, for the most part, if not entirely, referrible to the corpuscles. The red colouring matter is contained within them, and the bright colour which is communicated to blood by oxygen, as well as the dark shade which is induced by the transmission of carbonic acid through it, are the actual shades of colour which we see in arterial and venous blood. Venous blood is necessary to the well-being of the liver, and also to the normal function of the lung; but, should venous blood be transmitted by arteries to the brain, it is well known that symptoms of poisoning begin.

No suggestion for the recovery of drowned persons has been attended with so much success as the "Ready Method" of the late Dr. Marshall Hall. The principle, therefore, upon which his method is founded, may probably be accepted as true.

"During the circulation," he says, "the oxygen inhaled by respiration unites with the carbon of the blood, forming carbonic acid, which is exhaled in its turn by respiration, except in cases where the respiration is suspended, as in drowning and other forms of apnœa. In apnœa, the carbonic acid retained in the blood poisons it; and the organs, beginning with the brain and spinal centre, are in their turn poisoned by this blood-poison. The circulation," he goes on to say, "without respiration, is a blood-poisoning process; respiration is a depoisoning process. By respiration, the carbonic acid poison formed during the circulation is eliminated from the blood, and evolved from the system."

The consumption of oxygen and the formation of carbonic acid stand in a direct ratio with the number or amount of the blood-corpuscles, and with the number of respirations made in a given time. It is well known that the alteration of colour from arterial to venous, which blood undergoes by circulation, is an alteration which takes place *within the corpuscles*; also, that the re-arterialisation of blood by respiration involves a change in the corpuscles. It must be, then, that the qualities acquired by blood during circulation, and discharged by respiration, are qualities of the corpuscles, inasmuch as the change of colour, which denotes the change of quality, is observed in the corpuscles. When, therefore, symptoms of poisoning arise from the circulation of venous blood through the brain, the poison must be concluded as contained within, and as generated or produced by, the corpuscles.

Urine is a fluid separated from the blood by the kidneys; and urine contains a substance which, when applied to other tissues than those of the kidney, will act as a poison. Sir H. Halford met with five instances of suppression of urine in the course of seven-and-twenty years practice, and in every instance the patient died from poisoning of the brain. It is but reasonable to infer that urea, which is separated in large quantity from the blood by the kidneys, should be a product of the metamorphosis of a substance of an invariably uniform composition.

"Amongst all the higher classes of animals," says Dr. Simon, "and many of the lower, in the most varied forms of existence, and under the most opposite kinds of food, we find urea and uric acid, or one of the two, as a constant secretion of the kidney. It seems opposed to all reason to imagine that, in animals as different in structure as they are opposite in their habits of life, and under every possible variation of circumstances, these fixed and definite compounds should be products of the metamorphosis of the plasma. It is easy, however, to conceive that the corpuscles which, although different in their form, are similar, if not identical, in their chemical constitution, in the blood of all animals, should yield similar products as the result of their metamorphosis."

If this reasoning be admitted—and it is urged with much force and perspicacity by Dr. Simon—it follows that urea, or a nitrogenous substance represented by that compound, and withdrawn from the blood by the kidneys, is an excretion of the corpuscles discharged into the plasma. Hence carbon or carbonic acid is an excretion of the blood-corpuscles discharged at once into the atmosphere; whilst urea is an excretion discharged into the plasma, and withdrawn therefrom by the action of the kidneys. Both these substances, if unduly retained in the blood, act as poisons to the brain; and we must conclude that the corpuscles of blood, in the performance of their natural functions, generate matter which is poisonous to the brain. Halitus within the corpuscles, if not discharged by respiration, and other excretions, if retained in the plasma, are poisonous.

The properties of the corpuscles, then, substantiate the argument drawn from a consideration of the properties of the plasma, as to the necessity for holding the two parts of the blood distinct, pathologically as well as physiologically. The corpuscles are independent organisms, and the plasma is the fluid in which they swim. The properties of the one are very different from the properties of the other.

### VII.—RELATIONS OF DIET TO THE PLASMA, AND OF AIR TO THE CORPUSCLES.

The normal constitution of the blood is preserved by diet and respiration. The alimentary canal and the lungs are the only two channels by which outward material substances are received into the interior of the body. Both have reference to the blood; diet, or food and drink, to the replenishment of the plasma; air to the nourishment of the corpuscles. The alimentary canal is, as it were, the coarser way by which substances are received into the body; whereas, in the structure of the lung, everything is fashioned with special reference to the admission of aerial elements into immediate contact, as it were, with the highest elements of the circulating fluid—the corpuscles of the blood.

As the plasma is subjected to a continuous change and consumption during the nutrition of the body, it becomes a matter of necessity that it should also receive a continuous supply. This is afforded to it by the chyle. Chyle is derived from substances received into the stomach—food and drink; it mingles with and augments the bulk of the plasma; and it is from the plasma that the red corpuscles derive part of their nutriment. There is, therefore, a more intimate relation between diet and the fluid of the blood, than between diet and the corpuscles; that is to say, any substance or poison entering the blood from food or drink must first enter and mingle with the plasma, before it can come into contact with or affect the corpuscles. But the case is different as between the corpuscles and the atmosphere.

From the peculiar distribution of the capillaries, and from the extreme thinness of the walls of the pulmonary air-cells, the blood-corpuscles are brought in the lungs into almost immediate contact with the air, and with the substances contained in

solution in the air. The absorption of air through the humid membrane of the air-cells of the lungs is facilitated by the immense extent of surface presented, over the whole of which a thin stratum of blood-corpuscles is simultaneously exposed to the atmospheric influence. The permeability of moist membranes by fluid and gaseous substances is a well known fact; dark or venous blood, inclosed in a moist bladder, and exposed to the air, soon assumes the arterial tint.

"I asked Mr. Boulderson," says Bishop Heber, in his *Narrative of a Journey through the Upper Provinces of India*, "if it were true that the monkeys forsook these jungly forests during the unwholesome months. He answered, that not only the monkeys, but everything which has the breath of life, instinctively desert them from April to October. The tigers go up to the hills; the antelopes and wild hogs make incursions into the cultivated plains; and those persons, such as dâk-bearers and military officers, who are obliged to traverse the forests in the intervening months, agree that not so much as a bird can be heard or seen in the frightful solitudes; yet during the time of the heaviest rain, while the water falls in torrents, and the cloudy sky tends to prevent evaporation from the ground, the forest may be passed in tolerable safety. It is in the extreme heat, and immediately after the rains have ceased, in May, the latter end of August, and the early part of September, that it is most deadly. In October, the animals return. From the middle of November to March, troops pass and repass; and, with common precaution, no risk is apprehended."

This may be an extreme instance, but it is one of a very numerous class. It is well known that miasms or poisonous substances are diffused through the air, and that they exist in a very concentrated form at certain times, in particular localities. To enter in detail upon this topic is quite unnecessary. The question which arises upon the view we have taken of the constitution of the blood—of the relations of diet to the plasma, and of air to the corpuscles—is, whether the contagious fevers to which aerial poisons give origin are to be referred to the plasma or to the corpuscles.

### VIII.—The Corpuscles of the Blood have a Property of Resistance against injurious Agents; they are not disordered or disturbed by every Quantitative Change in the Plasma.

First, as respects symptoms of poisoning through articles of diet, or through substances taken by the stomach, in food or drink: the poison enters the plasma, mingles and circulates with it. Through the plasma it must reach all, but it may affect injuriously one only of the parenchymatous organs: for example, mercury the salivary glands; opium the brain; strychnia the spinal marrow; digitalis the heart; and so on of many other poisons which exhibit their action according to the affinities of the different parenchymatous organs for particular poisons. In all these examples, the symptoms begin in, and may be limited to, some local parenchymatous organ, notwithstanding the general distribution of the fluid which contains the poison. It cannot be disputed that the same poison does not act equally upon all the parenchymatous organs, though all may be exposed to its presence. Some suffer derangement; others do not. And if, to account for these special phenomena in one organ only, we introduce the doctrine of affinity or predilection, we must also allow to those parenchymata which escape a measure of indifference or resistance. This teaching holds a prominent place in chemical philosophy. Affinities and resistances are as often argued of inorganic as of organic or living bodies.

The corpuscles of blood are quite as much a group or community of independent organisms as are the special elements of the liver, brain, or kidney; and, if the elements of one parenchymatous organ can remain indifferent to or resist the injurious action of a poison circulating in the plasma whilst the elements of another are suffering from it, it is not unreasonable to infer a similar property of indifference or resistance in the corpuscles of blood. We have frequently tried the effect upon the corpuscles of substances which, if present in the plasma, will poison the brain or nervous centres, such as solutions of prussic acid, morphia, and strychnia; and we find they produce no other or more effect upon them than so much water.

But, without relying upon experiments of this kind, we take the general principle, and argue for the blood-corpuscles the same kind of properties as is allowed to other cellular elements to the elements of the parenchymatous organs. And we say the blood-corpuscles may resist the action of, or be indifferent to, sundry matters in the plasma, which may nevertheless be producing disorder in some local parenchymatous organ. Let it be observed, the argument does not assume that poisons which first affect the brain or other local organ, will not affect the corpuscles also, if in sufficient or overwhelming quantity; but only that there are many substances which, being present in the fluid of the blood in small quantity, will affect its qualities injuriously in relation to a parenchymatous organ before sensibly disturbing the corpuscles.

Secondly, as respects poisoning of blood through miasms in the atmosphere; it is here to be observed, that the poison is received through the lungs, where the corpuscles are brought into contact with the air, and with the things in solution in it; and where, moreover, as has been shown, the physiological function performed is one specially between the corpuscles and the air. The change which blood undergoes in the lungs is specially a change in the corpuscles.

Through diet, and through the atmosphere, elements of blood-disorder may enter. Through the former the plasma or fluid, through the latter the corpuscles, are first affected. The qualities of the plasma undergo numerous limited changes, from diet, and from various other substances received through the stomach. But it does not follow, necessarily, that the corpuscles must suffer a disturbing change in consequence thereof. They have, up to a certain extent, a property of indifference, non-affinity, or resistance; and therefore maintain their normal constitution and function under various limited alterations of the fluid in which they swim.

On the other hand, from contact of the blood with poisonous substances in the atmosphere, the corpuscles, by reason of the special function of respiration, may be the first part of the blood to suffer disorder; whereupon their disordered condition is reflected upon the plasma, because this fluid is the depository of their excretions. That is to say, from errors in diet, or from poisonous substances taken by the stomach, the blood may be deteriorated in one only, and that the least important of its parts—namely, the plasma; whereas, from poisonous substances in the atmosphere, blood may be deteriorated, commencing with the corpuscles. And, as it cannot be denied that a poisonous quality in venous blood is referrible to the blood-corpuscles, so therefore the question arises, whether pathological poisons—if we may so call them—the virus of small-pox, and other contagious poisons, are not also to be referred to the corpuscles of the blood; and, should this proposition be established, the physical difference between the two parts of the blood rises into great importance.

Let us briefly recapitulate the physiological facts upon which we shall rely in our future discussion of phenomena of fever and inflammation.

The corpuscles of the blood are independent organisms, swimming in the plasma, deriving from it and from the air, materials suitable to their growth and functions, and discharging into it and into the air, the matter of their excretions, namely: carbon, or carbonic acid, into the air, and a nitrogenous compound, or urea, into the plasma. Depurating organs, located at various points of the circulation, withdraw from the plasma the matters which, if retained in it, would injure its qualities or composition, and the elements of the different depurating organs have different or special affinity for different substances in the plasma. We have dwelt specially on the change which the corpuscles experience in their colour by exposure to the air in the lungs, and upon the poisonous quality they acquire if the normal change is not effected; and we have shown that these bodies, if they take or select from the plasma and from the air materials suitable for their maintenance, must have, in common with other cellular bodies, a property of indifference, or resistance to some extent, against deleterious substances.

As respects the plasma, or fluid of the blood, we have noticed the close relation between it and articles of food or drink through the chyle. Substances received into the stomach in diet and poisonous substances taken in the same way may be speedily detected in the secretions, therefore the plasma must be a fluid of variable composition: and its relatively inferior position to the corpuscles was argued from these facts, and from the treatment of cases of cholera in 1832, by large quantities of a saline injection, thrown into the blood.

The conclusions at which we have arrived are:—

That changes in the qualities of blood from errors in diet, or from poisonous substances taken through the stomach, commence in, and may be limited to the plasma; whereas changes in the qualities of blood, from poisonous substances dissolved in the air and inhaled by the lungs, may commence in the corpuscles. In the latter case both parts of the blood

become disordered, not simultaneously, but in succession; the corpuscles first and then the plasma.

These conclusions are not strained to the support of any favourite theory. The great physical difference between the fluid and the corpuscles of blood; the absolute manner in which the fluid depends upon diet, food and drink; the contact of the corpuscles with the atmosphere in respiration; the change in their colour and properties which ensues; the matter poisonous to the brain which arises within venous corpuscles; the action of the depurating organs upon the plasma, exhibiting special affinities;—all these are received doctrines of physiology, or flow logically from them; and we make them the basisof a therapeutical doctrine in blood-diseases, distinguishing between the fluid and the corpuscles.

British Medical Journal.

SATURDAY, MAY 7TH, 1859.

## FREE TRADE IN PHYSIC.

WHAT is the meaning of a term very frequently employed—"Free Trade in Physic"? Generally, the term free trade is employed to signify the absence of any restrictive duties on the production or importation of any article; so that the article in question comes into the market unfettered by any charges save those of its production and of its carriage to the market. How is this signification applicable to the article under consideration?

The article which we have to consider—physic—means medical and surgical skill, and moral integrity. These we may lay down as essential elements of the article; but it will command a higher price if it be combined with good general education and gentlemanly address, which are the finish and polish of the article. And, to constitute free trade in physic, we can conceive nothing more required than that this article be submitted to the public, who should be left free to choose what they want for themselves, paying the market price.

Well, but is not this already so? In small country places, indeed, there is often no choice in this matter; but it is so too as concerns the butcher and baker of the village; and we have just as often heard complaints of the dictatorial conduct of the only butcher, as of the only doctor. And it is just as open for a new doctor to set up as for a new any one else who ministers to the wants of the community; and if the country folks cannot have a second opinion in their illness, without sending to a distance, and paying extra for it, still this is no more than they have to do when their wants exceed the simple resources of *the* shop of the village. Practically, in this sense of the term, there is now the freest trade in physic.

If the demand for free trade in physic mean anything, then, it means something more than that people shall be at liberty to choose their own doctor; for, as the law and custom stand now, they really may have any one whom they like, of whatever dignity, and of whatever creed, from the President of the College of Physicians to the humblest herb-doctor, by paying the market price. And no one is so humble, but has perfect liberty to take up any branch of the profession he likes. The license to practise will most assuredly follow the acquisition of the necessary knowledge; and the highest dignities in an aristocracy of science are open to all alike who will be at the pains to enter the freest of all competitions.

The only meaning to be attached to the term in question is, that the article itself shall be different. The public are free to choose, and now they generally choose the article with the stamp upon it, though the article without the stamp is to be had, and, indeed, only wants remunerative patronage to be indefinitely multiplied; only a doubt will occur, at the most trying time, as to whether this is the real article. Free trade in physic, to be something which does not exist now, must be the removal of all distinction between the carefully got up article and the thing which goes by its name. Let us briefly consider what would be the result of the abolition of this stamp, still to use the same phraseology; and what this stamp really signifies.

And, first, of the real object of the stamp, which is assumed to be protective of physic.

We are free to go to whatever shop we like for most things of daily use. Things which we understand we get anywhere; things which we feel are beyond our knowledge we trust to some one else to get for us, or we get them from some particular maker whose name is a guarantee that the article is good of its kind, to whom, moreover, we may complain in case of any fraud. Few of us, for instance, could assay our teaspoons; but we buy them on the faith of the Tower mark, by which the article is avowed as coming up to a certain standard. We can judge of the fashion, and finish, and workmanship ourselves; but we need the stamp to attest that of which we are no judges. Such, and no higher if you like it, are the functions of the various medical licensing bodies. They stamp the article as it passes through their hands, before it goes out into the market, to attest that it posseses a certain value.

Next let us see what would probably ensue on the entire rejection of this distinctive mark, if each one were compelled to get his knowledge where or how he could, or allowed to do without it altogether; and calling himself or herself what they liked, were invited to sell their services to the best customer uninfluenced by law.

The first effect of the abolition of legal recognition of all the present licensing bodies, and the titles which they confer, would probably be a vast increase in the number of bodies conferring titles, and some little confusion in the public mind as to which of these bodies were, and which were not, to be trusted. This point settled, the next result would probably be a number of actions for obtaining money on false pretences, on the plea of membership of the well-reputed Colleges, which would thus receive oblique testimony of the estimation in which they were held both by the public and by those who sighed in vain for the stamp of their approval, unless actions of this kind were interdicted as opposed to free trade. For it may be laid down as certain, that the diploma of a well reputed Board would be coveted by those entering into practice, and required by the public seeking advice, whether or not the law required or acknowledged these diplomas. Some, doubtless, would practise without them; but the majority would, without doubt, still obtain them as now.

Assuming that all the educational arrangements went on as they do now, it is almost certain that the mere abolition of the legal rights of the licensing bodies would not affect the general relations of the profession, in the first instance, in any more important way than what has been just now sketched out as probable. On the education of medical men, however, such a proceeding would probably after a while act very injuriously.

and most effectually degrade the profession as a whole. For there are only too many who would shirk the narrow passage of a conscientiously strict examining board. How many a shop apprentice would come out as "late with the celebrated Mr. So and So"? What small experience anyone must have of young men who would cease to *protect* steady industry through the long, expensive education by which only the knowledge of medicine is to be attained! To *protect* him,—that is to give dignity, not pecuniary advantage, to the stamp which attests that he has reached a certain standard of proficiency in the laborious way in which alone it is to be attained.

Only one word more, and this on private grounds. Is there a free trade demagogue, before whose thunders the hustings shake, but who feels, while the excited mob cheers him on, that he must cut short his triumph to attend to the calls of an irritable bladder and all the troubles of an enlarged prostate, and does not rejoice that he has at his call a humane, well-educated surgeon, and not a rascal who extorts money literally at the point of the knife? Did such an one ever feel what it was to get thereby well, and while nervous and exhausted, praying only for rest and quiet, has he not rejoiced that his physician was not a roaring friend of progress? When life, to be tolerated at all, must glide soft and smooth, hour after hour, what a blessing not to have it hourly instilled into one just then that an inactive existence is not life; that the world is rushing noisily on, leaving one hopelessly behind. Has illness ever befallen one very tender and dear to him, bodily or mental, and has he ever felt how confidently he could rest on one whom the old institutions of our country had trained and tried, and then sent forth as a learned, skilful, pure, and honourable man? If so, he will be very careful how he abolishes that stamp which distinguishes throughout the length and breadth of the British Empire the educated practitioner from the pretentious charlatan. And such, if we mistake not, would be the tendency of the so-called doctrine of Free Trade in Physic.

## THE WAKLEY TESTIMONIAL.

In this age of testimonials, it is the misfortune, that as a rule, "the round pegs get into the square holes." Second-rate fussy persons, great at vestry boards, or otherwise locally noisy, are sure sooner or later to be beteapotted and besalvered by their too partial friends, whilst the real good men and true have only their own consciences as their exceeding great reward.

We think few persons can rank the Editor of the *Lancet* among the class first mentioned. He has made himself conspicuous neither by the act of dining his friends, nor of jobbing his relatives. He has hewn his way to the head of the hebdomadal weekly medical press in this country by his strong will alone; and we cannot refrain from saying that not only medical journals, but the entire profession, have greatly benefited by the fight, for a long time single-handed, which he has waged against corporate abuses and what may be termed the close-vestryism of our profession. When the *Lancet* first started, everybody's hand was against him; the great lecturers at the powerful endowed hospitals treated his attempts at giving permanency and value to their lucubrations as an insult and a crime. As in the House of Commons in the time of Dr. Johnson, reporters were scouted from their presence. If we only look at the state of the case at present, how extraordinary the change that has taken place! A lecturer of the present date delivers his essays over the heads of his audience—he addresses his thoughts to the press, and thereby enlarges the circle of the class-room to the limits of the civilised world itself.

For a large part of the vast gain both to the medical press and to the medical public, which has taken place, Mr. Wakley can undoubtedly make good his claims. We sail in smooth water now; but the early days of medical journalism were of a far more boisterous character. The *Lancet* and its bold captain suffered and returned rude knocks and buffetings, but generally he triumphed; and triumphed, we believe, where nine out of ten would have failed.

There is a certain Cromwellian strength—rough, if you will, but yet strength—that enabled Mr. Wakley to beat down successfully the many combinations formed against the *Lancet*, which would have triumphed, had they been directed against less stern or more fastidious stuff. Mr. Wakley was the man of his time; he was the ready and strong instrument raised up to do battle with intrenched corruption. For the good fight he fought, and for the bold manner in which he carried aloft the banner of a free medical press, we think he is entitled to the thanks of the medical profession, and that he has well earned a liberal testimonial at its hands. The list of the Committee of this testimonial proves that he has earned golden opinions from all ranks, both within and without the profession; and we heartily hope that such a sum will be collected as will be sufficient, not only to afford a splendid gift to the man to whom honour is due, but also to found a fellowship such as shall keep his name green among succeeding generations of practitioners. It is the intention of the committee, we understand, in case the funds will allow, to institute a Wakley scholarship in the London University, to be competed for by all the world. The idea is a good one, and we wish success most heartily to the fund in process of collection.

## THE WEEK.

When Her Gracious Majesty decreed that the order of the Victoria Cross should be shared by the surgeons of the army, a new era was certainly initiated in the Medical Profession. The honour was graciously bestowed and no less honestly deserved. This recognition of the medical element of the army will result in the advantage of the department itself of the service, and, as a consequence, of the public. Our readers will be glad to learn that the artist who has set himself to commemorate the deeds of the Victoria Cross heroes, has included in his gallery at the Egyptian Hall, portraits of two of the surgeons who have been decorated, viz., Dr. Mouat, C.B., and Assistant-Surgeon Sylvester. It is not our business to write on the fine arts; we therefore restrict ourselves to saying that the pleasure of seeing members of our own profession having place in a gallery of heroes, was greatly added to by the brilliancy of the labours of Mr. L. W. Desanges. We can speak as to the faithfulness of Dr. Mouat's likeness; and if Dr. Sylvester's be as good, his friends have reason to congratulate themselves.

# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Twenty-Seventh Annual Meeting of the British Medical Association will be holden in Liverpool, on Wednesday, Thursday, and Friday, the 27th, 28th and 29th days of July.

*President*—W. P. Alison, M.D., F.R.S.E., Edinburgh.
*President-Elect*—James R. W. Vose, M.D., Liverpool.

The Address in Medicine will be delivered by Edward Waters, M.D., Chester, President-elect of the Lancashire and Cheshire Branch.

The Address in Physiology will be delivered by A. T. H. Waters, Esq., Liverpool, Lecturer on Anatomy and Physiology in the Royal Infirmary School of Medicine.

Philip H. Williams, M.D., *General Secretary.*

Worcester, April 26th, 1859.

## LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-third Annual Meeting of this Branch will be held on Wednesday, June 8th, at Chester, under the presidency of E. Waters, M.D.

Gentlemen who intend to bring forward cases or communications are requested to send notice to the Secretary as early as possible.

A. T. H. Waters,
*Honorary Secretary.*

## SOUTH-EASTERN BRANCH:

SOCIAL AND SCIENTIFIC MEETINGS OF THE MEMBERS RESIDENT IN ROCHESTER, MAIDSTONE, GRAVESEND, DARTFORD, AND THEIR VICINITIES.

A social and scientific meeting of members of the South-Eastern Branch resident in Rochester, Maidstone, Gravesend, Dartford, and their vicinities, will be held on

Friday, May 20th, 1859, at 3.30, at the Town Hall, Dartford.

The members resident in this district will be gratified by the attendance and assistance of any of the members of the British Medical Association.

James Dulvey, *Honorary Secretary.*

Brompton, Chatham.

# Reports of Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 12th, 1859.

F. C. Skey, Esq., President, in the Chair.

THREE CASES OF ANEURISM OF OR WITHIN THE ORBIT, TREATED BY LIGATURE OF THE COMMON CAROTID ARTERY; WITH OBSERVATIONS.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.

After mentioning the rarity of the affection, the author alluded to those few cases which have been recorded, of which four have been brought before this Society, and are published in its *Transactions*. Two of those cases were not only the earliest, but amongst the most interesting that have been related, and for a great number of years they stood alone. They are those of Mr. Travers, in the second volume; and of Mr. Dalrymple, in the sixth volume. Many years afterwards, Mr. Busk reported a case of his own, and also mentioned another treated by Mr. Scott, in the twenty-second volume. Two cases occurred in Paris, in 1839; one to Velpeau, and another to Jobert. Mr. H. Walton had published a case of an infant, in which he operated: and three instances had occurred in America, where Dr. Van Buren operated in a case of traumatic aneurism in the orbit, in a young man, who had also symptoms of fracture of the base of the skull; and Drs. V. Mott, and T. R. Wood, had each tied the carotid, for the cure of integumentary nævus, extending into the orbit. There were also three other cases, of doubtful nature, mentioned by Dupuytren, Schmidt, and Frere; one of which, however, if not more, was quite as likely to have been malignant disease as aneurism. Three cases had lately come under the author's observation, in all of which the common carotid artery had been tied. Since Mr. Travers first declared the disease to be aneurism by anastomosis, it had commonly been so regarded; but from this opinion the author dissented, for the reasons given at the conclusion of the paper.

Case I occurred in a healthy man, aged 31. The early history and origin of the complaint were at first very obscure, made purposely so by the patient to conceal the true cause of it—a hard blow upon the left eye in a drunken midnight fight. At first there was some protrusion of the ball, congestion of the conjunctiva, and dulness of vision, but no pulsation. It was suspected that a chronic abscess, or serous cyst, might be forming deep in the orbit. The eyelids gradually became much congested, swollen, and lobulated, as though about to burst. A minute puncture, followed by considerable effusion, clearly showed the distension to be caused by blood. Subsequently, aneurismal thrill and pulsation were detected. As pressure on the carotid at once arrested these, and allowed the protrusion and vascularity of the eyeball to subside, the artery was tied, with the effect of immediately removing some, and materially diminishing all the symptoms. The brain was unaffected on tightening the ligature. The patient progressed most favourably until the twenty-fourth day after the operation, when, without any assignable cause, the symptoms somewhat returned, but were soon checked by venesection and purgation. In a month he had returned to his work, the ligature being still fast on the artery. After continuing at it for the space of three weeks, suddenly, without, as he then said, any known cause, during the night, the injection, protrusion, and pulsation in the eye returned to such a degree as to render necessary consideration what further should be done. The propriety of extirpation of the contents of the orbit; the ignition, by a battery, of wires passed into the orbit; the introduction of threads or wires coated with nitrate of silver or sulphate of copper; the injection of perchloride of iron or tannin; and the ligature of the other carotid, were discussed, and the latter plan determined upon, if depletants did not succeed. Repeated venesection, purgatives, low diet, cold to the orbit, and upright position, were rigorously adopted, and with the best effect. The symptoms all subsided, when, before the case could be said to be complete, the man was put into gaol, and was subsequently lost sight of for some weeks. He then worked hard as an excavator, and housebreaker, for which he was sentenced to penal servitude. When seen, during the last month, in Wakefield prison, it was found that the sight of the eye was lost, but in every other respect he was perfectly well. He then voluntarily stated that he had only himself to blame for the recurrence of the symptoms, as on the first occasion he clandestinely left the house on a very cold day, walked some distance, and ate and drank freely; and on the second occasion he had been out all night poaching. The ligature did not come away until ninety-six days after the operation.

Case II. In a man, aged 38, the affection came on without any assignable cause. It had existed many months. The operation was perfectly successful, and he returned to his work, as a weaver, in a month after it. In him also, while wheeling a barrow, there was a sudden renewal of some of the symptoms, which, however, a few days rest removed; and when seen twelve months after the operation, the eye was perfect, a little bogginess of the lids being the only vestige of the affection.

Case III. In a woman, aged 65, the disease came on "suddenly as the crack of a gun," while she was stooping to take off her shoes. It was attended with more pain and more active symptoms than in the other two; the pain in the head and eye was most distressing. The operation was a difficult one. The neck was short and thick; there was a large bronchocele, with many congested veins, and the carotid divided unusually low in the neck. There was some hæmorrhage from an unseen vessel. The brain was seriously affected on the tightening of the ligature. There was convulsion of the same side of the body, and partial paralysis of the opposite side; the local symptoms, however, disappeared instantly. She sank on the sixteenth day after the operation, having had repeated losses of blood from the wound. There had been paralysis, more or less complete, of the right side of the body, with constant partially controllable movements of the left side; difficulty of speech, and some impairment of intellect. On examination of the body forty-eight hours after death, the external appearance of both eyes was the same. The brain was very pale, containing very little blood; but, so far as could be judged, the same on both

sides. There were no signs of recent inflammation or effusion, but there was old general thickening of the arachnoid membrane. The right hemisphere of the brain was of a natural firmness; the left was soft, and in the lower of the middle lobe, just over the entrance of the carotid artery into the aneurism, was a patch as large as a hazel nut, quite broken down. The carotid artery, on its emergence from the bony canal, was enlarged, and surrounded with a small coagulum, which involved the origin of the ophthalmic branch. The latter vessel was enlarged, and its coats diseased, as were its continuation to the inner side of the orbit, and the lachrymal branch: these were filled with coagulum. All its other branches were so small as hardly to be seen. There was nothing like aneurism by anastomosis in the orbit. All the cranial arteries were very patulous, and studded with atheromatous and earthy deposits. The ligature had been securely placed upon the carotid, but somewhat near its bifurcation; below, the vessel was well filled with coagulum, and the sheath, as low as the sternum, consolidated with fibrine; but above the ligature the vessel and all its branches were quite open, there being neither coagulum nor fibrin. The bronchocele extended nearly to the sternum. The parts were placed upon the table, and also drawings of the appearance of the eyes, just previous to the operation, in all the three cases.

The author commented upon the nature of the affection, stating the points in which, in its origin, progress, symptoms, and treatment, it differed from aneurism by anastomosis, and expressed his conviction that it was an error to so call it; that in reality it might be true aneurism or false, circumscribed, or diffused aneurism, either within the orbit or of the carotid within the cranium, near to the origin of the ophthalmic branch. It was remarked that all these cases occurred on the left side, and that amongst those reported which had arisen spontaneously, the majority were on the left side, and in women; whilst those which supervened upon local violence were, as might be expected, most common in men, and on either side. The cases were, however, too few to justify more than the calling attention to the fact, which may be only accidental, and be reversed on examination of a greater number.

Mr. Curling considered the cases described by the author should not be denominated aneurisms, but pulsating tumours in the orbit. In some cases it might happen that there was aneurism by anastomosis, and afterwards a changed condition of the blood-vessels, giving rise to a pulsating tumour, as well as true aneurism of the ophthalmic artery. Such a change requiring operation might take place, not only in early life, but in adult age. In referring to the recorded cases, the author had overlooked a paper by himself (Mr. Curling), in the thirty-seventh volume of the *Transactions*, where he related a case in which he had tied the carotid artery for a pulsating tumour in the orbit. It was described as "traumatic aneurism of the ophthalmic artery."

Mr. Hulke related a case which came under the care of Mr. Bowman last year. All the capital signs of orbital aneurism were present. The common carotid artery was tied; death ensued; and at the autopsy no aneurism could be found. The patient was a woman, forty years old, of intemperate habits; in a scuffle she received a blow on the left temple, which stunned her, and she fell. Next day she had severe pain in the left temple, which she referred to a spot one inch above, and in front of the ear. This lasted a fortnight, and was then replaced by a rushing noise like the constant beating of an engine. Four months afterwards her sight was troubled when she looked at anything with both eyes, but with either eye singly there was no confusion of vision. A fortnight later, the eye became red and prominent; this frightened her, and she applied at the Royal London Ophthalmic Hospital. A loud, sibilant bruit, was heard over the left temple and eye; and when the stethoscope was placed upon the eye itself, it was perceptibly upheaved by a strong pulsation, which was synchronous with the heart's action. The bruit and the pulsation were at once stopped by compressing the carotid artery. As the symptoms were increasing, the common carotid artery was tied The patient progressed favourably for several days; then the wound became phagedænic; secondary hæmorrhage ensued, and recurred several times after the separation of the ligature; and she sank about three weeks after the operation. At the autopsy, no aneurism or erectile tissue was discovered. The internal carotid artery and its cerebral and ophthalmic branches were carefully traced, and were found quite natural. The ophthalmic vein had a varicose appearance, and seemed larger than natural; but on comparing it with the vein on the opposite side, the enlargement was found to be due to thickening of its walls, and not to increase of its calibre. It was filled by a clot, which was more recent in the branches than in the trunk. The cavernous, circular, transverse, and the petrosal sinuses on the left side contained clots. In the cavernous sinus this was a puriform pulp. A close examination showed that it was not pus, but softened blood-clot. The dura mater covering the sella turcica, the left posterior clinoid process, and the sinuses, were congested, and coated with a tenacious film of lymph, which contained bloody points, but no vessels. The internal carotid artery, and other structures in relation with the cavernous sinus, were bathed in an ichorous serum; the tip of the petrous portion of the temporal bone had a brownish colour, and its vascular foramina were enlarged, but the bone was not soft nor carious. The carotid canal was laid open, but no obvious changes were noticed. The pathological changes were inadequate to explain the symptoms which were present in so marked a degree during life; and a case of this kind, Mr. Hulke observed, threw considerable doubt on the reality of some of the cases which have been placed on record.

Mr. France related the case of a woman who had the point of an umbrella thrust into the orbit, producing great swelling, tumefaction, and protrusion of the globe. The pulsations were synchronous with the heart, and an aneurismal bruit was audible. He and his colleagues not being anxious to have recourse to operative treatment, the disease remaining stationary, the patient was kept tranquil, and cold was applied to the part. In a short time the swelling subsided, the pulsation ceased, and the woman returned home comparatively well. In another case, not of so severe a character, but presenting similar symptoms, the patient recovered without any operation. His own opinion was, that unless the disease was distinctly on the increase, so formidable an operation as tying the carotid ought not to be resorted to.

Mr. Curling remarked that the operation was urgently required in Mr. Scott's case. A tremendous hæmorrhage from the nose took place, and the patient was taken at once to the operating room. In his own case, in which he operated, the vision was being gradually destroyed, the tumour was increasing, and there was distressing pain in the head, besides other symptoms of enlargement of the aneurism. Of course where the tumour was stationary it might be hoped that a coagulum would form, resulting in a spontaneous cure.

Mr. Nunneley apologized for not having referred to Mr. Curling's case, of which, indeed, he was ignorant. Of course no one would think of tying the carotid in these cases unless there was urgent occasion, or if the disease was stationary, and not involving any immediate serious consequences. In the case in which he tied the artery, the patient's life was one of misery. In the second case the patient was under treatment twenty-eight weeks before coming under his care, and the disease was steadily advancing. The case related by Mr. Hulke was a very interesting one; but he thought there might be some aneurism within the cavernous sinus.

## EPIDEMIOLOGICAL SOCIETY.

Monday, April 4th, 1859.

E. Headlam Greenhow, M.D., in the Chair.

### Election of office-bearers for 1859-60.

After the termination of the preliminary business of the Society, the Annual Report of the Council was read by Dr. McWilliam; and the following were elected office-bearers for the session 1859-60:—

*President*—Benjamin Guy Babington, M.D., F.R.S. *Vice-Presidents*—Thomas Addison, M.D.; Thomas Alexander, C.B.; Sir B. C. Brodie, Bart., Pres. R. S.; Sir W. Burnett, K.C.B., K.C.H., F.R.S.; Rev. Thomas Dale, M.A.; R. D. Grainger, Esq., F.R.S.; Sir Charles Hastings, M.D., D.C.L.; Sir John Liddell, C.B., M.D., F.R.S.; John Nussey, Esq.; John Propert, Esq.; John Simon, Esq., F.R.S.; Sir Andrew Smith, M.D., F.R.S., K.C.B.; Thomas Southwood Smith, M.D.: Thomas Watson, M.D. *Treasurer*—Thomas Addison, M.D., Vice-President. *Honorary Secretary*—J. O. McWilliam, M.D., F.R.S., C.B., R.N. *Foreign and Colonial Secretaries:* Belgium, A. Sayer, M.D.; East Indies, James Bird, M.D., C. Finch, M.D.; Egypt and Syria, William Camps, M.D.; France, Waller Lewis, M.B., F.G.S.; Germany and Russia, Hermann Weber, M.D., W. E. Swaine, M.D.; Portugal and the Brazils, J. O. McWilliam, M.D., F.R.S., C.B., R.N.; Sweden, Norway, Denmark, and Iceland, R. Gordon Latham, M.D., F.R.S.; West Indies and North America, G. Milroy, M.D. *Other Members*

*of Council*—C. J. B. Aldis, M.D.; C. L. Bradley, Esq.; A. Bryson, M.D., F.R.S., R.N.; W. D. Chowne, M.D.; Robert Cross, M.D.; Headlam Greenhow, M.D.; Colonel Hough; T. Hunt, F.R.C.S.; C. F. J. Lord, Esq.; J. F. Marson, Esq.; Chas. Murchison, M.D.; E. Murphy, M.D.; R. Nichol, M.D.; W. Odling, M.D.; B. W. Richardson, M.D.; E. C. Seaton, M.D.; Professor Symonds; Spencer Wells, F.R.C.S.

### ACCOUNT OF AN EPIDEMIC OF DIPHTHERIA.

BY J. B. SANDERSON, M.D.

The epidemic in question occurred in the small rural parish of Hertingfordbury, in Hertfordshire. This parish occupies a somewhat triangular space between the river Lea and its branch, the Mimeran, which unites with it immediately above the town of Hertford. The epidemic was confined to the village of Hertingfordbury, favourably situated on a gravelly slope on the southern bank of the river Mimeran, and to a few small hamlets on the elevated ground between the two rivers, where the slight inclination and the impenetrable nature of the subsoil are alike unfavourable to the removal of surface water. The outbreak commenced at the end of October 1858, attained its acme early in December, and suddenly ceased towards the end of the year; fifty-three persons were attacked, in a population of 750, of whom forty-seven were children. There were fourteen deaths, all of children under 12.

*Characters of the Disease.* There was pain in the throat, generally inconsiderable, sometimes severe, either preceded by slight pyrexia or not. Coryza occasionally preceded all other symptoms for some days. The fauces were at first congested. A membranous exudation commenced on one or both tonsils, usually within twenty-four hours from the onset, and spread continuously to the soft palate, uvula, and pharynx, forming, when first seen, a white and perfectly opaque patch, with elevated edges, surrounded by a narrow border of bright carmine. It was soft and inelastic, and could be easily detached, leaving an intensely congested, bleeding surface, free from ulceration. It was capable of separation into layers, and consisted, throughout its whole substance, of nuclei and nucleated cells, imbedded in granular or dotted fibrine. The author inferred from his examinations that the membrane, when first formed, consisted mainly of cellular elements, the later exudations containing more fibrine. In most fatal cases, the countenance became pale; the skin cool; the pulse rapid, and eventually so weak as to be imperceptible; there was no appearance of dyspnœa; the patient remained in a condition of tranquil drowsiness—drowsiness from which, however, he could easily be roused. In one or two instances, there were paroxysms of suffocation, with cyanosis and violent jactitation. During the remissions, there was extreme prostration. The urine was found to be albuminous in most of the cases in which the necessary observations were made. Convalescence was slow, attended by loss of muscular power of the lower limbs, impairment of vision, and complete paralysis of the velum palati, which conditions frequently persisted for some time after restoration to health in other respects. In the only *post mortem* examination which was made, the false membrane did not extend to the larynx. In this case, there had not been the symptoms of suffocation.

*Causes.* In respect to *drainage*, there was a marked contrast between the village of Hertingfordbury and the other hamlets in which the disease prevailed; the former being dry, the latter damp and ill-drained; the cottages being situated on patches of common land, soaking with moisture. *Offensive emanations* were observed in none of the dwellings, which were all provided with detached cesspool-privies. *Water Supply.* All the cottages are supplied with water from wells from twelve to thirty feet deep. Owing to the diminished rainfall during the autumn, these were dried up, or very low. A family, in which five children were attacked and four dead, being supplied from a well in this condition, the water was examined. It was found to contain living *crustacea*, *protozoa*, and *protophyta*, and vegetable organic *débris* in suspension, and organic impurity in the proportion of fifty-two grains in the gallon. As none of these conditions were either peculiar to the localities affected, or common to all of them, the author did not think that they could be considered of material importance as determining causes of the outbreak; and, as regards the whole district, he maintained that it might be favourably compared with most rural neighbourhoods.

*Scarlatina and other Diseases.* Several children were attacked during convalescence from measles and whooping-cough. Scarlatina occurred, but did not prevail during the epidemic. In one fatal case of diphtheria, an eruption, resembling that of scarlatina, appeared on the third day. No instances were met with, in which children affected with diphtheria had previously had scarlatina. This the author attributed to the fact that the latter disease had not prevailed in the district for some time past. That the disease was capable of *transmission* by *personal communication*, appeared from the mode of progress of the epidemic. When one case appeared in a family, all the children were usually attacked; and there was no instance in which the disease invaded one family in a hamlet, without extending to others. The origin of the epidemic could not be traced to this cause; but, in the neighbouring parish of Tewin, four miles and a half distant, the only two individuals attacked were in frequent communication with Hertingfordbury.

### DIPHTHERIA. BY J. JACKSON, M.D., H.M. INDIAN MEDICAL SERVICE.

[*Communicated by* C. MURCHISON, M.D.]

The paper was read by Dr. WcWILLIAM.

In the year 1853, a lady and her two children arrived at Calcutta from the upper provinces. These children were suddenly attacked with disease in the throat, said to be of the nature of putrid sore-throat; and, although the affection, apparently, was not particularly severe, they all sank under it with strange rapidity, and unexpectedly. They were supposed to have died from sore-throat, free from any great uneasiness in the throat, or difficulty of respiration or swallowing, until the last.

The first case that came under Dr. JACKSON's immediate observation occurred some years afterwards, in a child living in the suburbs of Calcutta. The child's breathing and the stridulous cough at once indicated a disease of a croupy nature. The disease had existed for three days. On closer examination, the throat, soft palate, the uvula, and tonsils, were covered with a firm exudation of plastic lymph, of the thickness and colour of kid leather. An emetic produced slight relief, but had no effect in separating or removing the membrane. The child became speedily worse, and died after a few hours from the time Dr. Jackson was first called in. In the above instance, the disease was very different from the ordinary form of croup. The exudation of lymph on the tonsils, soft palate, and uvula, most probably passing down the air-passages, marked an affection of a peculiar and uncommon character. Dr. Jackson had seen much of croup among natives and Europeans, and at once pronounced the case to be of an unusual nature. Two other cases occurred in a short time afterwards, and they both proved fatal.

The occurrence of a number of cases, many of which had proved fatal, at the Martinière School, under the care of Dr. Webb, led to an inquiry into the nature and causes of the disorder. Thirteen of the school children were attacked by the disease, of whom five died. The *post mortem* examinations revealed exudation of lymph covering the tonsils, and passing down the air-passages into the bronchial tubes, as far as their minute ramifications. The main cause of the disorder was considered to be the existence of extensive sheepfolds to windward of the building, impregnating the atmosphere, and carrying the effluvia into the sleeping-rooms of the children. The sheepfolds were of course removed, and the ground in front of the building was thoroughly cleansed. In none of the cases was there any rash upon the body, or any resemblance to scarlatina; nor was there any proof of the disease being communicable from one person to another.

### CASE OF DIPHTHERIA IN THE HARBOUR OF RIO JANEIRO, ON BOARD THE FLAGSHIP CUMBERLAND, IN OCTOBER 1857.

BY EUGENE MACKAY, M.D., R.N.

[*Communicated by* J. O. McWILLIAM, M.D., C.B.]

The paper was read by Dr. McWilliam.

The patient, a naval cadet, aged 13, of delicate constitution, was placed upon the sick-list on October 24th, for what appeared to be simple cynanche tonsillaris. The fauces were injected; the tonsils were enlarged; and there was considerable febrile action. The weather was fine, the thermometer usually above 82°. There was a tendency to slight sore throat among the ship's company generally; but the cases were mostly of a trivial character. Diarrhœa, of a mild nature, was also so prevalent as to be considered epidemic.

October 28th. The patient had so much improved under the ordinary treatment for common sore-throat, that Dr. MACKAY intended reporting him for duty on the following day. During the night, however, he was kept awake by a constant necessity to eject what he thought to be saliva continually collecting in the throat. The ship having, on the previous day, proceeded to sea, the temperature fell seven or eight degrees,

and the atmosphere was much more grateful than in harbour.

October 29th. There was an aggravation of all the symptoms; and, on examination of the throat, the uvula was found covered with a yellowish exudation, which was at once recognised to be of a diphtheritic character. Every effort to remove the plastic lymph was ineffectual. The fauces were scrubbed with a strong solution of the nitrate of silver; a linctus of hydrochloric acid and syrup was used; blisters and poultices were applied to the throat; the vapour of hot water and camphor was continually inhaled; and chlorate of potash was freely exhibited in his drinks. Wine was also given, to raise the flagging powers. The exudation continued to extend; and, although large masses of the membrane were from time to time brought up, they were speedily replaced by fresh deposition. Stethoscopic examination indicated that the chest and bronchial tubes were unaffected.

On the evening of the 30th, all the symptoms increased, when an emetic was tried; and it had the effect of bringing away a considerable quantity of mucus and membrane. Only temporary relief was thus obtained; for the pulse shortly became feeble, the countenance was livid, and delirium set in. As a *dernier ressort*, tracheotomy was now performed, with the effect of raising the pulse, and affording so much ease that the patient fell off into a quiet sleep, which lasted two hours. The tube was kept clean by the quill feather, and by suction with the mouth, performed by Dr. Mackay and Mr. Molloy, one of his assistants. Early in the morning of the 31st, the patient again became restless; mucus began to collect rapidly in the bronchial tubes; and he sank at three o'clock.

Dr. Mackay, at the time of the officer's illness, was complaining of sore-throat. Six days after clearing the tube in the patient's windpipe by suction, he had symptoms of diphtheria, with considerable exudation of lymph, and high fever. He recovered under the free application of the nitrate of silver, the use of hot baths, and the administration of diaphoretics. Mr. Molloy, who was in excellent health when he put his lips to the tracheotomy tube, suffered no inconvenience from this procedure.

Dr. Greenhow, with reference to Dr. Sanderson's statement that no instances had been met with in which children affected with diphtheria had previously had scarlatina, observed that he had lately seen, in a country village, a family which had lately suffered from diphtheria, all the members of which had scarlatina in 1851.

Dr. Semple said that, from the papers read this evening, one could arrive at a correct idea of what diphtheria really was. The pathological appearances seemed to be essentially the formation of a false membrane extending over the pharynx, the nasal passages, and the bronchial tubes; and this causes death. This membrane was not a mere fibrinous exudation, like that of pleurisy; but an exudation of separate laminæ, like the leaves of a book—a plastic coagulation, with epithelial scales, of a mucous rather than of a serous character. The cases recorded as having occurred in India and at Rio de Janeiro, were, like those of Dr. Sanderson, true diphtheria. With regard to treatment, he was not aware that much success had attended tracheotomy. A case, however, had been recorded by Dr. Gueneau de Mussy, in which recovery took place after, and probably in consequence of, this operation. When the exudation is hard, it may be removed; but it was often friable, and might be taken away. Aretæus had recommended sulphate of copper in the Egyptian form of the disease, as an emetic; so had Bretonneau. The same system was largely had recourse to in the present day.

Dr. Murchison observed, with reference to the coexistence of scarlatina with diphtheria, that he had collected a series of cases to show the concurrence of many of the exanthemata, proving the views of Hunter on this point to be erroneous.

Dr. Camps considered that, as respected the cause, it was of some importance to bear in mind that the lower animals had suffered from diphtheria. At Boulogne, for instance, it had been alleged that the disease in man originated in eating the flesh of a pig which had had the disorder; and it had further been stated, that the pig had fed upon the flesh of a glandered horse. He thought Dr. Sanderson had ably handled his subject.

Mr. Burge was of opinion that meteorological influences played a main part in the production of diphtheria. It was true we could not control meteorological phenomena; but we had control over many local influences which afford pabula for disease.

After a few observations from Mr. Hunt, with reference to the operation of tracheotomy in diphtheria, Dr. Sanderson replied to the various speakers; and, in the course of his remarks, he observed, that he thought Dr. Semple wrong in saying that diphtheria proves fatal from the membranous exudation passing downwards. In the trachea, the deposition was fibrinous, and on the velum palati it consisted of exudation-cells. He by no means intended to prove the identity of scarlatina and diphtheria; but he was of opinion that diphtheria might follow scarlatina.

The thanks of the Society were unanimously voted to Drs. Sanderson, Jackson, and Mackay, for their communications; and the meeting adjourned.

# Editor's Letter Box.

## NOTTINGHAM DISPENSARY: PAYMENT OF MEDICAL OFFICERS.

Letter from W. Tindal Robertson, M.D.

Sir,—I have much pleasure in transmitting you the accompanying resolution, which was carried on the 18th inst., at a large meeting of the subscribers to the Nottingham Dispensary, by a majority of about ninety to three. You will perceive by it the principle of payment to medical men has been initiated by the committee, and most cheerfully assented to by the governors of that institution; and though the fee is at first a small one (viz., a guinea for about an hour's attendance and an occasional consultation), I am in a position to state that it is the intention of the committee, whenever the funds will allow them, to increase it to such a sum as will fully repay the medical officers for the time and labour they bestow.

You will see also, by the letter from a subscriber to the Dispensary (which I annex), that half of the first year's surgical fees was at once provided, without taxing the usual resources of the charity, and it is gratifying to be able to add that, immediately upon the publication of that letter in the local papers, the other moiety of the required sum was at once presented by another gentleman of the town, who highly appreciates this (I believe the first provincial) step to do away with a system of gratuitous services by hardworking men; a system, as Mr. Gamgee, of Birmingham, most truly remarks, "contrary to the scriptural dogma, that the labourer is worthy of his hire"; and no less contrary to "every established principle of economical science."

Hospitals and dispensaries are springing up in all our large towns as fast as the population increases to require them. Thus the system of gratuitous advice "seems to have reached its culmination." It is one on which pages might be written, and enormous in the evils it creates. It is sufficient for me to place upon record the *practical protest* of the committee of the Nottingham Dispensary against its continuance. I am, etc.,

Wm. Tindal Robertson, M.D., L.R.C.P.
*Physician to the General Hospital, and Consulting Physician to the Dispensary, Nottingham.*

P.S. I should not omit to add that the system of payment of the medical officers has long been earnestly contended for, and has at last been mainly secured by the efforts of the senior surgeon, Dr. Massey, to whom, I think, the profession is under no small obligation for his energetic perseverance in this good cause.

The following is a copy of the resolution referred to by Dr. Robertson.

"That one of the honorary surgeons of the institution shall be required to attend in rotation one day in each week for the purpose of being consulted by the resident surgeon on any cases in which his opinion may be thought desirable; and the honorary surgeon shall visit such patient, and see the case or cases through. Each surgeon shall, on the week of his attendance, be entitled to a fee; and the honorary consulting physician shall attend when required by the honorary surgeons, or by the resident surgeon, and receive a fee. The amount of the fee and the mode of payment, and the expediency of continuing it, or the contrary, to be regulated by the committee."

The subjoined letter was sent with the first moiety of the fee:—

"Weekday Cross, Nottingham, April 18th, 1859.

"Rev. Sir,—I so highly appreciate the importance of the result of the last general meeting, relative to the allowance of

fees to the medical gentlemen for 'visiting the patients at their homes, and seeing the cases through', and also the benefit derived by the poor from this valuable charity, that I beg permission to enclose a donation of £26 in aid of those fees, or the fund of the institution. Probably some benevolent individual will contribute the other moiety of the £52.

"I remain, Rev. Sir, your obliged servant,

"SAML. DOUBLEDAY."

### THE TAUNTON "ATTENDANCE-BOOK."

LETTER FROM E. L. HUSSEY, ESQ.

Sir,—In the report of the meeting at Taunton, when some of the medical officers were dismissed for not signing the new "Attendance-book", one of the speakers, in quoting the answers received from the medical officers of the different County Hospitals, mentions the Radcliffe Infirmary, as one from which an opinion had been obtained against such a book.

Your readers may perhaps think this opinion requires some kind of modification, when they hear that our governors have ordered a book to be kept in future, to be signed by the surgeons in proof of their attendance at consultations, and that I alone of the staff opposed the making of such an order.

I am, etc. E. L. HUSSEY.

Oxford, May 2nd, 1859.

### PUBLIC AND PRIVATE ASYLUMS.

LETTER FROM J. KIRKMAN, M.D.

SIR,—I desire to convey my unqualified response to your "trust that some member of the public officers of asylums will yet be found to repudiate the assertion, that their brethren of the private asylums are only capable of acting on a great public question in a narrow and odious spirit of self."

I should have thought the simple fact of the two last annual meetings of Asylum Officers (public and private) having been presided over by private proprietors, and attended largely by public gentlemen, would in itself have been sufficient to prevent unworthy inuendos, and to prove that an undivided feeling exists on the grand object of their mutual solicitude, the welfare of the insane. The meeting under Dr. Winslow's presidency in 1857, was the largest I ever remember to have seen, and I have attended almost all since the original formation of the association; there were very few public officers who were not present. The meeting *last* year, so powerfully presided over by Dr. Conolly, drew almost all who could venture on so distant a journey to Edinburgh; and there is little doubt, I think, that both these meetings were only preludes to that which we anticipate under the presidency of Sir Charles Hastings, another private asylum physician, in this coming July 1859, in Liverpool. These associate gatherings are surely progressive steps in development of that unity of feeling which must always be found amongst fellow-labourers in the same field, though it may be in different sections of it, and tend to show the conjoint possession of a common fund of good which extends its benefits to all. I am, etc. JOHN KIRKMAN, M.D.

Suffolk County Asylum, May 4th, 1859.

### MEDICAL ETIQUETTE.

SIR,—The recent case of irregular conduct has induced me to make the following statement.

On Thursday last, I was called to the wife of a respectable tradesman, who had previously *bespoke* my attendance upon her in June. I found her in bed, complaining of slight pains, not expulsive, os uteri undilated; I therefore gave an anodyne, and promised to call again in an hour or two. On my leaving the house, I was met by a messenger on horseback, who requested my immediate attendance on a case about two miles distant in the country. On arrival, my patient was progressing satisfactorily, and strong continuous pains soon brought my services to a conclusion. I returned, after a lapse of rather more than two hours, to the first case, which had advanced so rapidly, that about half an hour before my return, the husband had asked the oldest practitioner in the town to attend for me. He refused; I know not why; however, on being offered his fee, he either went, or sent his fully qualified assistant. The latter (who has since expressed his regret at the circumstance) was at the house when I called. On my hearing the particulars, of course I did not go up stairs, as the case had been so unceremoniously taken out of my hands.

I am, etc., VERITAS.

April 27th, 1859.

# Medical News.

## BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

### BIRTHS.

AMESBURY. On April 29th, at Harlow, Essex, the wife of J. W. R. Amesbury, Esq., Bengal Medical Service, of a son.

HANKS. On April 15th, at Mile End Road, the wife of *Henry Hanks, Esq., Surgeon, of a son.

PAYNE. On April 30th, at 58, Denbigh Street, Belgrave Road, the wife of G. Burton Payne, M.D., of a son.

### MARRIAGES.

CAPEI—GAMGEE. Capei, Lorenzo, M.D., of Florence, to Emma, second daughter of Joseph Gamgee, Esq., of Edinburgh, at Paris, on April 26th.

DAVIS—MACRAE. Davis, John, Esq., Surgeon, Sunderland, to Elizabeth Margaret, only child of the late Kenneth MacRae, Esq., of Her Majesty's Treasury, at Camden Church, Camberwell, on April 28th.

DIVER—FISHER. Diver, Thomas, M.D., of London, to Anna Wilhelmina, widow of the late Captain E. A. Fisher, of Bombay, at the Scotch Free Church, Regent Square, on April 29th.

QUAIN—MIDLETON. Quain, Richard, Esq., F.R.S., Surgeon to University College Hospital, of 32, Cavendish Square, to Ellen, Dowager Viscountess Midleton, at St. John's Church, Paddington, on April 28th.

REEVE—SEWELL. Reeve, Edmund, Esq., Surgeon, of Swaffham, to Kate, eldest daughter of John Sewell, Esq., of North Pickenham, on April 27th.

REYNOLDS—DICKSON. Reynolds, the Rev. James J., M.A., incumbent of Bedford Chapel, Exeter, to Ann Rose Honor, daughter of the late Sir David J. H. Dickson, Inspector-General of Hospitals and Fleets, at Hougham, near Dover, on April 27th.

TATE—TAYLOR. Tate, William B., M.D., of Hereford Square, London, to Sophia, eldest daughter of W. Garnett Taylor, Esq., of Ashby-de-la-Zouch, on April 30th.

### DEATHS.

BAMFORD, William, Esq., Surgeon, at Rugeley, aged 83, on April 17th.

BENT, Thomas, M.D., at Derby, on April 27th.

CORY. On April 13th, at Holsworthy, Devonshire, aged 45, Frances Amelia, wife of H. G. Cory, Esq., Surgeon.

GUY, William, Esq., Surgeon, late of Chichester, at Bowood, near Bideford, Devon, aged 78, on April 26th.

LAYCOCK, Charles R., M.D., at Bordeaux, aged 54, on April 27.

LEE, the Very Reverend John, M.D., D.D., LL.D., Principal of the University of Edinburgh, aged 79, on May 2nd.

LEMPRIÈRE. On April 27th, at Vergemount, Dublin, Marianne, widow of the late William Lemprière, Esq., Inspector-General of Hospitals.

PAXON. On April 27th, at Dorking, aged 11, Elizabeth, third daughter of G. K. Paxon, Esq., Surgeon.

*PRUEN, W. A., M.D., late Medical Missionary at Penang, at sea, on January 21st.

### APPOINTMENTS.

OWEN, Professor Richard, F.R.S., appointed Sir Robert Reade's Lecturer in the University of Cambridge for this year.

### PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS. At the Comitia Majora, held on Friday, April 29th, 1859, the following gentlemen were admitted Licentiates of the College, under the recently enacted bye-laws:—

ASHTON, Thomas Mather, M.D., Ormskirk
BEARD, Charles Izard, M.D., Brighton
BELL, William, M.D., George Street, Hanover Square
CAMERON, John, M.D., Liverpool
CARTER, William Grover, M.D., Clifton

DICKSON, Joseph Ritchie Lyon, M.D., Jermyn Street, St. James's
FLEMING, Alexander, M.D., Birmingham
GIDLEY, Gustavus, M.D., Sandgate
HALL, Charles Radclyffe, M.D., Torquay
HITCH, Samuel, M.D., Sandywell Park, near Cheltenham
HITCHCOCK, Thomas, M.D., Week, near Winchester
HOSKINS, Samuel Elliott, M.D., Guernsey
LAWRANCE, Richard Moore, M.D., Connaught Square
NASH, Joseph, M.D., Box, Wiltshire
PARSEY, William Henry, M.D., Hatton, Warwick
SUTRO, Sigismund, M.D., Finsbury Square
TILT, Edward John, M.D., York Street, Portman Square
VOSE, James Richard White, M.D., Liverpool
WEBB, William Woodham, M.D., Kirtley, South Lowestoft
WRAY, Septimus, M.D., Brixton

ROYAL COLLEGE OF SURGEONS. At a meeting of the Court of Examiners, on April 29th, the following gentlemen were reported as having undergone the preliminary examinations for the Fellowship of the College, in Classics, Mathematics, and French, to the satisfaction of the Court, viz.—

BRODIE, George B., Salisbury
COUPER, John, Mornington Road
LYELL, Henry, Thomas Street, Horselydown
STONE, Thomas Westcott Gale, Lincoln's Inn Fields: diploma of membership dated April 11th, 1859

The following gentlemen, having undergone the necessary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on April 12th, 13th, 14th, and 20th, will be admitted to the pass examination, when qualified, viz.:—

*St. Bartholomew's Hospital.*

ANDREW, Wm. Wickes W.
ARNOTT, John Lovell
BUTLER, Thomas Mapleson
CATT, Alfred
COLEMAN, Alfred
COLLINS, John Boniface
EGLES, G. M.
ELLICE, Thomas Smith
GIMSON, William Gimson
GREENHILL, Joseph Ridge
HARVEY, Octavius C.
HOCKING, Joseph
HUNTER, Richard H.
LANGTON, John
LEEDS, Thomas
MEAD, Harry
MITCHELL, T. C.
POCKLINGTON, Evelyn
SCHOLLECK, Thomas James
SPRAGUE, Charles Gordon
STRICKLAND, Edmund
WARD, Samuel Meire
WINKFIELD, Alfred

*St. Thomas's Hospital.*

BLAKE, Thomas William
BRADDON, Charles H.
DRAKE, Thomas
EVERETT, Benjamin George
FARRANT, Samuel
FREEMAN, Delamare
HARDING, J. A.
HOOPER, John Harward
METCALFE, R.
MORRIS, Samuel
SISSONS, William Harling
WARD, Charles Parker

*Guy's Hospital.*

APPELBEE, Edward
BRETTELL, Joseph
CANN, Francis Mark
HAYNES, Allen L.
LLOYD, Edwin
LOVEGROVE, John Francis
TRUMAN, Edgar Becket
WATKINS, Walter
WOODMAN, John

*University College Hospital.*

GANNON, John Palmer
HARRIS, Walter
HUNT, William John
KING, William Clifford
PEDGRIFT, Harry
TOFTS, Henry
TRUMAN, William

*St. Mary's Hospital.*

BELEMORE, Alfred John
DAVIS, George Henry
HOCKING, T. Edward G.
HODSON, John Clayton
ROGERS, Frederick John
SIMMONS, Benjamin
YOUNG, Edward Parker

*London Hospital.*

CUMMING, John S.
MITCHELL, Thomas
PAYNE, William George
STILLWELL, James

*Middlesex Hospital.*

COLLINS, Charles Phillips
HORTON, Henry James
MUNCASTER, T. Harbottle

*King's College.*

EDGER, William
HUTCHINSON, Francis Blake
MACNAMARA, James

*Westminster Hospital.*

ADAMS, T. Rutherford
MIDDLETON, John Wm.
SLAYTER, William Bruce

*Charing Cross Hospital.*

MAYON, George
WORLEY, William Charles

*St. George's Hospital.*

ECCLES, Edmund

*Manchester School.*

BARLOW, William Henry
DEAN, Peter Thomas
DEAN, Octavius
HOYLE, William
TAYLOR, David
WALLS, William

*Dublin.*

HOCKEN, Morland
MACKENZIE, Walter F.
PARKER, Albany John
THOMAS, John Lloyd

*Edinburgh.*

HOMFRAY, Francis Hamilton
SEABROOK, T. E. Fraser

*Newcastle-on-Tyne.*

BRUMWELL, George Murray
WHEELER, Henry

*Hull.*

NICHOLSON, Robert Hicks B.

*Leeds.*

WOODHEAD, William Copley

*Birmingham.*

CORNBILL, John

## HEALTH OF LONDON:—WEEK ENDING APRIL 30TH, 1859.

[*From the Registrar-General's Report.*]

THE deaths registered in London, which had been 1084 and 1126 respectively in the two previous weeks, rose to 1207 in the week that ended last Saturday. In the ten years 1849-58, the average number of deaths in the weeks corresponding with last week was 1061; but as the deaths included in the present return occurred in a population that has increased, they can only be compared with the average raised in proportion to that increase; namely, with 1167. The deaths of last week, therefore, exceeded by 40 the number which would have occurred under the average rate of mortality for the last week of April.

The births registered last week exceeded the deaths in the same period by 485.

The deaths from measles, which fell to 15 in the first week of April when the temperature was high, have again increased, and last week were 36. The deaths from scarlatina and diphtheria together were 73, having been 79 in the previous week. The cases recorded as "diphtheria" were 16, and occurred as follows:—one in Berkeley Mews West, Paddington; one in Queen Street, Brompton; one in Chester Terrace, Belgravia; one in North Street, Marylebone; one in Sherborne Street, Marylebone; one in the German Hospital, Dalston; one in Miles Place, Finsbury; one in Ireland Yard, City (south-west sub-district); one in the London Hospital; one in King Street, Aldgate; one in County Terrace, Newington; two in one family in Carter Street, Walworth; one in Aldred Road, Walworth; one in Richard Street, Lambeth; and one in Wickham Street, Lambeth. There were 15 deaths from small-pox, 11 of which occurred to children. The resident surgeon at the Small-pox Hospital states, that "owing to the increase of small-pox in London during the last three months, the hospital has become nearly full of patients; 313 have been admitted this year, of whom 111 were admitted in April." Five deaths occurred in that institution last week.

Fourteen deaths were caused last week by rheumatism and rheumatic fever; nine by syphilis; two by intemperance; besides five, where the cause of death is stated to be "delirium tremens"; 184 persons died from phthisis or consumption. Only two nonagenarians are recorded, both widows, aged 93 and 96 years.

Last week the births of 865 boys and 827 girls, in all 1692 children, were registered in London. In the ten corresponding weeks of the years 1849-58, the average number was 1633.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·678 in. The barometrical readings varied from 30 in., on Tuesday, to 29·42 in., on Thursday. The mean temperature of the week was 48·2°, which is neither more nor less than the average of the same week in 43 years (as determined by Mr. Glaisher). The lowest point attained by the thermometer was 40·5°, on Sunday; it rose to its highest point, 67°, on Friday. The extreme range in the week was therefore 26·5°. The mean daily range was 12·2°; the range on Friday was 19·5°; that on Saturday was only 5·8°. The difference between the mean dew-point temperature and air temperature was 3·7°. The mean degree of humidity of the air was 88, saturation being equal to 100. The mean temperature of the water of the Thames was 49°. The rain-fall was 0·76 in.

## SALE OF MEDICAL PRACTICE: ACTION FOR RECOVERY OF AGENT'S FEES.

*Brompton County Court. Before* J. L. ADOLPHUS, ESQ.

LARA AND WALTERS *v.* WARD.

THIS action, brought to recover the sum of £30 : 5 : 6, was one of some interest to medical men disposing of their practice, and to medical agents. The plaintiffs were medical agents, of 6, Pump Court, Temple; and the defendant, Dr. Thomas Ogier Ward, was a surgeon in practice at Kensington.

Mr. Doyle appeared for the plaintiff, and Mr. Cooper for the defendant.

In opening the case the plaintiff's counsel stated, that the action was brought to recover commission on the sale of the defendant's medical practice. The defendant had paid into court £3 : 0 : 6, being 10*s.* 6*d.* for the registration fee, and £2 : 15 : 6 for three months advertisements, leaving £27 : 10 : 6 in dispute. The first communication between the parties was upon the occasion of the defendant calling upon the plaintiffs, stating his desire of procuring a practice in the south-west of England. At this interview the defendant also informed Mr. Walters that he wished to dispose of his own practice. Mr. Walters then gave the defendant a paper containing the plaintiffs' terms, and upon the construction of the words of these terms the case would no doubt rest. The learned counsel then quoted from the paper in question. "That on the completion of any agreement for the obtaining, disposing, or transfer of a practice, if the particulars be obtained from the plaintiffs, in whatever way the negotiation may be conducted, the commission shall be paid on all such transactions." On the 18th of December, 1858, these terms were made known to Dr. Ward; and on the 7th January, 1859, the defendant entrusted the plaintiffs to sell his practice for £450, and the lease of his house for £150. These sums the defendant had received from the medical gentleman who had purchased the business and lease, and the commission thereupon, he contended, was fairly due to the plaintiffs. He might remark, that respectable agents like his clients were a sort of guarantee of the respectability of medical men with whom they were effecting the transfer of practices, and on that respectability vendors and vendees depended. He should further state that the defendant, upon another visit to his clients, mentioned to the plaintiffs his intention of employing other agents to effect a speedy sale of his practice; and the plaintiffs then cautioned the defendant that if that course were adopted, Dr. Ward might be called upon to pay two or more agency fees. After this Dr. Ward, on March 12th, called upon his clients, and asked them to withdraw his name from the plaintiffs' books. If that were a *bonâ fide* withdrawal, the plaintiffs could merely claim expenses conditionally that the defendant withdrew the sale of his practice altogether; but on the very day that the defendant had sent £3 to his clients in payment of expenses incurred by them in advertising the defendant's practice, the plaintiffs ascertained that Dr. Ward had disposed of his practice to a medical gentleman named Williams, and was introducing that gentleman to the defendant's patients. Upon this the plaintiff wrote to the defendant, inquiring for what amount Dr. Ward had disposed of his practice, at the same time returning the cheque for £3.

Mr. WALTERS was called to confirm his advocate's statement, which the witness did up to a certain date.

Mr. LARA, the other plaintiff, said he represented to the defendant the unfairness of employing several agents, and that he would prefer removing the defendant's practice off his books. Dr. Williams called at their office, and said he did not object to £450 for Dr. Ward's practice, but he objected to pay £150 for the lease of the house. Witness then informed Dr. Williams that if he liked to take the house at £75 per year rent, he need not buy the lease. Dr. Williams afterwards said he did not like the practice in question, and, if possible, would like to get one of the same size; and witness gave him an advertisement of another practice. On the 12th of March the defendant called at witness's office, and said he had just called to say, he had made up his mind to stay where he was, at all events for six months; and witness took the practice off his books, and made a memorandum that it was not for sale, and at quarter-day sent in his account. He heard next day that defendant had introduced Dr. Williams to his business.

Mr. COOPER, having urged upon the court that the plaintiffs were not entitled to a further sum than that paid into court, called the defendant, who swore that he never received the paper of the plaintiffs' terms on January the 7th; it was not until the second interview the terms were given to him. On February 24th Dr. Williams called upon witness, and the sale was completed on the 24th March, for £450 for the practice, and £60 a-year for the house, on a term of three years.

Mr. DOYLE, in reply, contended that the defendant could not and did not deny that Dr. Williams got the particulars of the business through the agency of the plaintiffs, and that they were entitled to their full claim.

The learned Judge said, that from the plaintiffs' own showing, they had taken the sale of the practice off their books as a termination to the transaction, and he was of opinion they could not receive more than was paid into court.

Verdict for the defendant, with full costs accordingly.

## THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

THE following letter has been addressed by the Royal College of Physicians of Edinburgh to the President of the London College, in reply to the Resolution and Remonstrance of the latter College in the new regulations for the Edinburgh License:—

Royal College of Physicians, Edinburgh, April 26th, 1859.

SIR,—The Royal College of Physicians of Edinburgh begs to acknowledge the receipt of a letter dated 19th April, and addressed to it through the President by the President of the Royal College of Physicians of London, under authority of his College, relative to recent regulations by the College of Edinburgh for admission of Licentiates into its body.

The College regrets that although the letter in question arrived in Edinburgh on the morning of the 20th, the College has not had an opportunity of considering, until this day, a document of so much importance and urgency.

The College begs to tender to the Royal College of London its thanks for the temperate terms in which the President of the London College has couched the Remonstrance of his constituents regarding a subject which this college can easily understand may have excited strong feelings among them. These feelings it is fortunately in the power of this college materially to allay. And it is the earnest hope of the College that, when the following statement has been calmly considered, the objections of the London College, which have been communicated by its President, will be greatly removed, and that harmony will be once more restored between the two institutions.

The College has, in the first place, to express its extreme regret, that owing to an inadvertence and precipitancy, the causes of which it is unnecessary to enter into, the New Regulations of the College respecting Licentiates were made public before having been duly considered, according to practice, and when they contained articles in a shape which may have been distasteful to the London College of Physicians. Since this premature publication, the Regulations have undergone revision, according to law, at three separate meetings, at which the following alterations have been made:—

1. Licentiates can become such only after having been subjected to the ballot by the Fellows of the College, besides having, as the original Regulations proposed, successfully undergone an examination first, on Preliminary Education, and then on Professional Subjects.

2. The professional examination, instead of being single, will consist of three series of examinations, which will be generally taken at considerable distances of time.

3. During the year of admission of Licentiates without examination, and without a university degree, no one will be admitted without a license from some other medical corporation; and persons in practice for fifteen years without any license, who were admitted under the original Resolutions, will not be allowed to apply for the license of the College at all.

4. All candidates under this act of grace, besides producing testimonials of character and experience, and being subjected to the scrutiny of the Council of the College, must be submitted to the ballot by the Fellows, of whom two thirds must concur, otherwise the candidate will be rejected.

With these restrictions, and under a conscientious application of all the rules, the College ventures to hope that no person will be admitted into its list of Licentiates who does not deserve to be enrolled as a Licentiate of a College of Physicians.

The only material difference subsisting between the Regulations of the College of London and the revised Regulations of that of Edinburgh, for the admission of Licentiates, regards the age of candidates, and the experience presumed to be connected with age. On this point the College of Edinburgh venture to submit the following statement to that of London:—

Since the commencement of the present century there has gradually sprung up in Scotland, under the demands of society, and on entire forbearance on the part of the medical corporations from enforcing their exclusive privileges, a class of practitioners, now numerous, of high importance, of much public consideration, and as yet comparatively little known in England.

These gentlemen practise essentially physic, some of them the minor operations of surgery, a few midwifery; but none pharmacy. Some in the course of time became consulting physicians. Their fees are intermediate between those of the ordinary class of general practitioners and those of consulting physicians. They are physicians to all intents and purposes, far more than anything else, though they are not physicians according to the legal interpretation of that term in England. Among them are many of the most esteemed practitioners in Scotland. The late Dr. Abercrombie, a consulting-physician for the last twenty-four years of his life, was, for eighteen years previously, a practitioner of the denomination now described. Many of the present Fellows of the Edinburgh College of Physicians belong to the same class with him.

This class of practitioners, in the humble opinion of the Edinburgh College, may belong to a College of Physicians quite as fairly as that class who practise only as consulting-physicians. Indeed, if this College has not been misinformed, there are not wanting practitioners of the same denomination in the London College of Physicians itself. It is surely a class which ought to be fostered in this empire by every reasonable encouragement, and by no means kept down by narrow corporation prejudices. But in truth, it is a class of such importance to the country that it will continue to grow in esteem and multiply in number, especially under the shield of the Medical Act, in spite of all coldness, and in face of all opposition on the part of the corporations.

It is out of this class that the Edinburgh College desires to constitute, in part, its order of Licentiates; under changes in medical organisation in Scotland which it is unnecessary to specify here, the order of Licentiates of the Edinburgh College of Physicians has died out entirely. The College at present consists of Fellows alone. It desires to re-establish an order of Licentiates, and to constitute it in part of the practitioners in question. The College is unanimous in this desire.

Unfortunately, a serious difference of opinion prevails among its Fellows as to whether the stamp of physician ought not to be more distinguishingly impressed on such Licentiates, by requiring them all to be graduates of a University. A majority of the College, however, has lately ruled that this shall not be a necessary condition; and are of opinion that respectable practitioners may be enrolled in its ranks, although not possessed of a University degree. There is no difference of opinion, however, as to the necessity of leaving the license of the College open to all candidates, whether graduates or not, at an earlier age than that proposed by the London College for its Licentiates.

The College is not particularly wedded to the age of twenty-one; but it is the natural limit of manhood, and, on that account probably, it is the age which has hitherto been adopted in Scotland for entering on the learned professions—for the Church, for the Bar, and for Medicine, as well as Surgery. It is the minimum: it can be, and will be, rarely taken advantage of. But, inasmuch as there may be medical men, no less than philosophers, politicians, soldiers, etc., whose talents and assiduity place them, at the age of twenty-one, on a level with others at twenty-six or more, this College cannot see why an arbitrary corporation rule should deprive such men of the advantages with which Providence may have been pleased to bless them. From former experience, the College believes that very few candidates for its license will come forward till at least two years later in life; but it deprecates any rigorous rule on that head, as being calculated to obstruct the progress of talent, and to interfere with the public usefulness of a College whose purpose is to foster, and not to obstruct, merit.

The London College is therefore entreated to consider that the views of this College, in regulating the admission of its Licentiates, rest on the organisation of the medical profession, and the practice of the other learned professions in Scotland, with neither of which does the organisation and practice of England precisely accord, but towards which, nevertheless, that division of the kingdom tends in both respects. With a medical profession so organised as in Scotland, a College of Physicians cannot now exist, if it is to be composed only of consulting-physicians, as the London College seems to desire. Hence, if the London College should still retain its objections to the regulations of this College for its license, as finally altered on the 20th instant, it may be necessary for the College of London to require something more than the simple Edinburgh license for establishing an *ad eundem* admission into its body; such as a greater age, more opportunities of study, and the like. Nor will this College make any factious opposition to such new legislative measures as may be shown by the London College to be necessary or advisable for that purpose.

But, at the same time, as this College has taken in good part the remonstrance and good advice of its sister College so may it hope to find that College not unwilling to listen, in, its turn, to a suggestion; viz., that it may be already full time to consider in England too, whether, under the operation of the Medical Act, a class of practitioners be not certain to arise, or be not already arising, akin to that which has been extensively established in Scotland, with great benefit to the nation; and which, consisting of men differing little from physicians, in a simple and liberal interpretation of the word, ought to be encouraged, in its growth in England, by every reasonable persuasion, to attach itself, through the medium of the license, to the Royal College of Physicians of that country.

I have the honour to be, sir, yours very faithfully,

Alex. Wood, P.

To the President of the Royal College of Physicians of London.

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Extension of Ophthalmological Education. The Board of Trinity College, Dublin, has recommended its students to take out a course of ophthalmic surgery. The governors of St. Mark's Hospital, Dublin, in their twelfth report, just published, beg to strengthen Dr. Mackenzie's memorial on this subject, by expressing their entire concurrence with the principles it advocates.

University of Cambridge. Professor Owen, the newly appointed Reade's Lecturer in this University, will deliver a lecture on the Classification and Geographical Distribution of the Mammalia, in the Senate House, on Tuesday, May 10th, at two o'clock.

Suspected Poisoning. On Wednesday last, Mr. Thomas Smethurst, residing in Richmond, who is said to have practised as a surgeon, was remanded to the county gaol by the magistrates of the Richmond police-court, under the suspicion of having caused the death of a woman with whom he was living by administering arsenic to her.

Royal Medical Society of Edinburgh: Annual Dinner. The Annual Dinner of this Society took place on April 30th. Mr. Dignum (in the absence of the senior President) took the chair, and was supported by the other two Presidents, Messrs. Garrington and Bell, and Mr. J. F. Macfarlan, Treasurer. Above forty gentlemen sat down, and amongst those present were Professors Syme, Traill, Bennett, Laycock, Allman, Balfour, and Kelland; the Presidents of the Colleges of Surgeons and Physicians; Drs. W. T. Gairdner, Matthews Duncan, Gillespie, P. H. Watson; and many members of the Society.

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## TO CORRESPONDENTS.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

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### POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a written letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.